Manitoba

Annual Report
1999 - 2000

Manitoba Health

Includes 10% post-consumer waste

101-00255/

MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

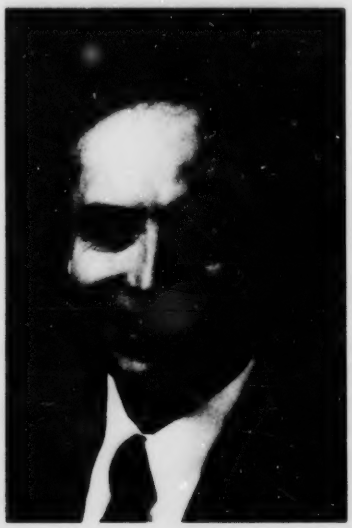
His Honour, The Honourable Peter Liba
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 1999/00. The reports, which are published as one document, are required under The Department of Health Act and The Health Services Insurance Act respectively.

Respectfully submitted,

Dave Chomiak



Manitoba

Deputy Minister of Health

Winnipeg Manitoba, R3C 0V8
CANADA

September 30, 2000

The Honourable Dave Chomiak
Minister of Health

Sir:

I am pleased to present the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 1999/00.

Respectfully submitted,

Ron Hikel

Manitoba 2000

Our Past. Our Future. Our Celebration.
Notre passé. Notre avenir. Notre fête.

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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with the Department of Health appropriation structure, as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2000. It provides information on the Department and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to the Department's objectives, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan; included with the financial statements is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Role and Mission

Manitoba Health is a line department within the government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

It is the mission of Manitoba Health to provide leadership and support to protect, preserve and promote the health of all Manitobans. This mission is accomplished through a structure of comprehensive envelopes encompassing program, policy, and fiscal accountability; by the development of healthy public policy; and by the provision of appropriate, effective and efficient health and health care services. Services are provided through regional delivery systems, hospitals and other health care facilities. The Department also makes payments for insured health benefits on behalf of Manitobans related to the cost of medical, hospital, personal care, Pharmacare and other health services.

It is Manitoba Health's vision to lead the way to quality health care, built with creativity, compassion, confidence, trust and respect; empower Manitobans through knowledge, choices and access to the best possible health resources; and build partnerships and alliances for health and supportive communities.

It is also the role of Manitoba Health to foster innovation in the health care system. This is accomplished through developing mechanisms to assess and monitor quality of care, utilization and cost effectiveness; fostering behaviours and environments, which promote health; and promoting responsiveness and flexibility of delivery systems, and alternative and less expensive services.

Organization

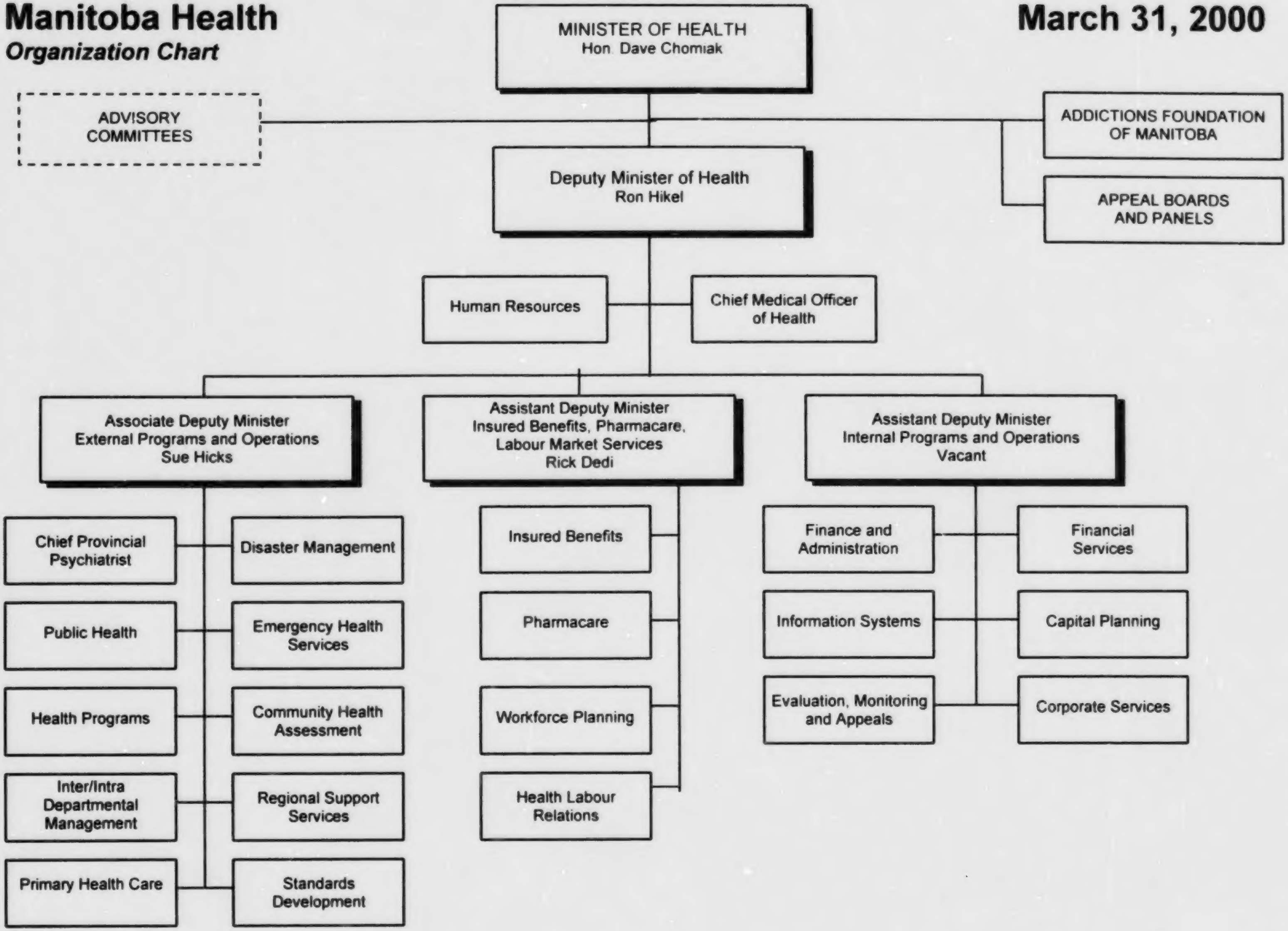
During 1999/00, Manitoba Health was organized into three divisions reflecting the Department's objectives to create a structure which would promote a consumer focused approach to meeting the health care needs of Manitobans and empower employees with clear accountabilities and decision making at a level closest to the consumer. These divisions were: External Programs and Operations, Internal Programs and Operations, and Insured Benefits, Pharmacare, Labour Market Services.

This annual report is organized in accordance with the Department's appropriation structure, which reflects the organization chart dated March 31, 2000.

Manitoba Health

Organization Chart

March 31, 2000


MINISTER OF HEALTH
Hon. Dave Chomiak
ADVISORY COMMITTEES
ADDICTIONS FOUNDATION OF MANITOBA
APPEAL BOARDS AND PANELS
Deputy Minister of Health
Ron Hikel
Human Resources
Chief Medical Officer of Health
Associate Deputy Minister
External Programs and Operations
Sue Hicks
Chief Provincial Psychiatrist
Disaster Management
Public Health
Emergency Health Services
Health Programs
Community Health Assessment
Inter/Intra Departmental Management
Regional Support Services
Primary Health Care
Standards Development
Assistant Deputy Minister
Insured Benefits, Pharmacare, Labour Market Services
Rick Dedi
Insured Benefits
Pharmacare
Workforce Planning
Health Labour Relations
Assistant Deputy Minister
Internal Programs and Operations
Vacant
Finance and Administration
Financial Services
Information Systems
Capital Planning
Evaluation, Monitoring and Appeals
Corporate Services

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The Addictions Foundation Act	A 60
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The Elderly and Infirm Persons' Housing Act (except with respect to elderly persons housing units as defined in the Act)	E 20
The Department of Health Act	H 20
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The Health Sciences Centre Act (S.M. 1988-89, c. 41)	-
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The Health Services Insurance Act	H 35
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The Midwifery Act	M125
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The Pharmaceutical Act	P 60
The Licensed Practical Nurses Act	P 100
The Prescription Drugs Cost Assistance Act	P 115
The Private Hospitals Act	P 130
The Registered Psychiatric Nurses Act	P 170
The Public Health Act*	P 210
The Regional Health Authorities Act	R 34
The Registered Nurses Act	R 40
The Registered Respiratory Therapists Act	R 115
The Sanatorium Board of Manitoba Act	S 12
The Non-Smokers Health Protection Act	S 125

* *Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88R) under The Public Health Act, which is assigned to the Minister of Consumer and Corporate Affairs.*

Administration and Finance

This main appropriation provides for the executive management, planning and control of departmental policies and programs. It includes the comptroller's function and central management services, including financial and administrative services, budget review, records management and human resource services.

Minister's Salary

Provides the Minister of Health with the additional compensation to which an individual appointed to the Executive Council is entitled.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	26.9	1.00	27.0	(0.1)	
Other Expenditures					
- Grants/Transfer Payments					
Total Other Expenditures					

Executive Support

Executive Support provides for the operation of the offices of the Minister of Health and the Deputy Minister of Health.

The purpose of the Executive Support function is to advise the Minister on all policy and program matters related to the Department; provide executive leadership, direction, and administration of the activities of the Department to meet government policy objectives; and provide administrative support for the offices of the Minister and Deputy Minister.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	598.7	11.00	556.7	42.0	
Other Expenditures	161.0		159.7	1.3	
- Grants/Transfer Payments					
Total Other Expenditures	161.0		159.7	1.3	

Finance and Administration

The Finance and Administration Branch is responsible for managing the internal financial affairs of Manitoba Health including the Manitoba Health Services Insurance Plan, and coordinating administrative support services to meet departmental operating requirements. The Branch as a whole provides budgetary, financial and administrative services to the department and supports management in the delivery of departmental programs.

The Branch also takes on the role of Comptroller to provide policy and guidance on fiscal related matters to ensure the department, as a whole, is not exposed to an unacceptable level of risk. It also administered the Departmental Audit Program and fulfilled the Secretariat function for the Department's Finance and Audit Committee.

Budget Services

Budget Services prepared, printed and distributed the Department's Annual Estimates documents, the Annual Report including financial statements for the Health Services Insurance Plan, and Supplementary Information for Legislative Review, all within guidelines and established time frames.

Accounting Services

Accounting Services prepared a complete annual Financial Statement package including working papers for the Health Services Insurance Fund as required by legislation (Health Services Insurance Act) to be included in the Department's Annual Report. The Unit also prepared accurate and timely monthly Financial Statements of the Health Services Insurance Fund, distributed to senior management for decision making purposes. The Unit also administered $59.7 million in trust funds, maximizing return on investment and ensuring timely payment of interest and redemption of debentures.

Administrative Services

Administration Services delivered a variety of general administrative services within the Department, administered 93 contracts valued at $11.2 million and 13,295 square metres of accommodation. This Unit also managed the Departmental fleet program of 30 vehicles and 145 parking stalls, and processed 9 third party claims directly or through Insurance and Risk Management.

Capital Finance

Capital Finance is responsible for the management of capital financing for outstanding and new capital projects and equipment approvals of Manitoba Health for Regional Health Authorities/Health Facilities. In 1999/00, the varied debt portfolio exceeded $500.0 million, net of accumulated sinking funds, with interest payment requirements of $44.1 million and principal payments of $32.5 million for total debt payments of $76.6 million.

Access and Privacy – Freedom of Information and Protection of Privacy/ Personal Health Information

The Finance and Administration Branch is responsible for the effective implementation of Departmental operational policies, guidelines, and procedures related to the Freedom of Information and Protection of Privacy Act and The Personal Health Information Act.

In 1999/00, the Department responded to approximately 2,160 requests for personal health information and 31 applications for access under The Freedom of Information and Protection of Privacy Act. The Provincial Ombudsman received two complaints filed against the Department. One matter was settled informally and the second received a formal recommendation to which the Department complied.

Business Planning

The Finance and Administration Branch is responsible for co-ordination of the departmental business planning process. During 1999/00, the second comprehensive business plan was developed within the guidelines of Manitoba Measures. The plan includes a strategic planning framework of vision, mission, goals, objectives and strategies.

1(c) Finance and Administration

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,938.1	45.00	2,182.3	(244.2)	
Other Expenditures - Grants/Transfer Payments	1,401.5		1,387.0	14.5	
Total Other Expenditures	1,401.5		1,387.0	14.5	

Human Resources

The Human Resource Services Branch develops, implements and maintains effective human resources programming and services to support achievement of departmental goals and objectives while conforming to government policy, legislation and collective agreements.

The Branch continued to provide a wide range of human resource services to management and employees in recruitment and selection; job design and classification; organizational design and development; compensation and benefit administration; staff development and training; labour relations and contract administration; policy, procedure and standards development; and human resource management advice and support.

Major accomplishments during 1999/00:

- Integrated with Family Services and Housing Human Resources Branch with sector offices relocating to MB Health at 300 Carlton Street.
- An audit to review the Department's delegation of staffing authority from the Civil Service Commission for the period from June 1, 1996 to March 31, 1999 was undertaken and delegation was extended to August 2001.
- All pay and benefits processing operations were transitioned to the new Government wide SAP applications systems in April, 1999
- Recruited 109 employees to fill term and permanent vacant positions.
- Conducted 79 classification reviews as per agreement with the Civil Service Commission for classification delegation
- Identified a new Employment Equity Coordinator, with a mandate to reaffirm the Department's commitment to employment equity, to develop a new employment equity plan, and to spearhead training opportunities for managers to renew their commitment to and participation in employment equity in various staffing initiatives.
- Employed 30 students through STEP services in Summer, 1999:
  - Coordinated work experience placements for students enrolled in business and vocational training programs throughout the year.
  - Assisted in placing Cooperative Education students enrolled in computer programs into the Information Systems Branch of the Department. These programs enhance the Department's ability to meet Employment Equity goals, as many students who are target group members are often later successful in securing entry-level positions

- Provided ongoing assistance in addressing chronic recruitment and retention difficulties regarding government employed physicians, including exploring alternative compensation approaches.
- Continued to provide career development opportunities for employees through job rotation, acting status, secondments and cross-functional training.

Directly related to objectives of the departmental Business Plan, Human Resources completed the following:

1. As a result of an internal needs assessment survey completed March 31, 1999, the Branch set up a "Calendar of Events" training schedule open to all employees. Training consisted of internal workshops and "Lunch and Learn" discussions. Feedback and attendance necessitated a session in April 2000 and was extended to Family Services & Housing staff.
2. An orientation program has been implemented effective January 2000 and roll out training to managers is underway. The program is fully operational, and available to all employees on the Health Intranet.
3. An initiative to ensure all staff have current job descriptions began in March 2000.
4. A Human Resource section was established on the Health Intranet site and is dedicated to information regarding training, policies, procedures, forms, pamphlets, etc. related to human resource and benefit issues for easy access by all employees.

1(d) Human Resources

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	759.8	20.79	973.5	(213.7)	
Other Expenditures - Grants/Transfer Payments	201.3		201.8	(0.5)	
Total Other Expenditures	201.3		201.8	(0.5)	

Corporate Services

The Corporate Services Branch provides leadership and support to internal and external clients with a focus on correspondence and information, data access and analyses, legislation, policy and issues management, and French Language Services.

Correspondence and Information Unit

The Correspondence and Information Unit assists Manitoba Health in coordinating and responding to a high volume of correspondence requests received annually by the Minister of Health. The Unit works in conjunction with all program areas to keep the public and Department staff informed of new initiatives.

The Unit is also responsible for the dissemination of information through the Manitoba Health Web site, coordination of internal communication via the Department's Intranet site, and organization and provision of the Minister's Housebook.

The Unit has increased its scope, to include a variety of new roles. It provides a professional profile for a number of existing functions within Manitoba Heath including, special projects such as the design and layout of the *Physicians' Newsletter*, *Inside Health* internal newsletter, and various brochures and internal promotional items.

Decision Support Services Unit

The Decision Support Services Unit is responsible for providing the necessary policy and infrastructure to conduct data dissemination and analysis in response to the information requirements of Manitoba Health management and staff, service providers, Regional Health Authorities, external researchers and the general public. The Unit has a key role in ensuring the quality and comprehensiveness of Manitoba Health's data are maintained and developed. Decision Support Services also produces weekly, quarterly and annual statistical reports. A key initiative of Decision Support Services is the development of a data warehouse. This is an ongoing process and once fully operational, the data warehouse will be the information systems environment to support data analysis including demographics and utilization management, health care performance monitoring and health program outcome evaluation across the health care sector.

During 1999/00, Decision Support Services also continued to:

- Reconfigure key health databases and create new reports to facilitate data dissemination and ongoing support to RHAs;
- Provide statistical and analytical support to various programs in Manitoba Health;
- Respond to ad hoc requests from other health stakeholders and the public;
- Provide support to the Health Information Privacy Committee, the Medical Review Committee and the Patient Utilization Review Committee; participated in epidemiological studies;
- Serve on multi-jurisdictional advisory committees on population and health statistics; and
- Participate in the establishment of a departmental geographic information system.

Access and Confidentiality Committee

The Access and Confidentiality Committee was established in 1979 for the purpose of review and recommendation with respect to matters pertaining to processing, retention and security of data in the health care registries and files maintained by Manitoba Health. It reviews requests from researchers for obtaining and using confidential data contained in the registries and files of Manitoba Health.

During 1999/00, the Committee held four meetings and considered 34 new project submissions for access to Manitoba Health information. Out of the 34 submissions, 19 were recommended for approval and eight were not. The remaining seven projects were undertaken for Manitoba Health by the Manitoba Centre for Heath Policy and Evaluation. The Committee reviewed these for information only.

The Committee formally disbanded on December 31, 1999 in anticipation of the establishment of the Health Information Privacy Committee.

Health Information Privacy Committee

In 1999/00, the Health Information Privacy Committee was established in accordance with The Personal Health Information Act. It replaced the Access & Confidentiality Committee.

The Health Information Privacy Committee is responsible for approving health research projects that use personal health information held by government department or agency. The Committee is comprised of eight members appointed by the Minister of Chairs of the Regional Health Authorities, the College of Physicians & Surgeons, the Manitoba Association of Registered Nurses, the Manitoba Pharmaceutical Association, the Manitoba Health Records Association, and the Senate of the University of Manitoba. The committee held its first meeting on March 28, 2000.

Legislative Unit

The Legislative Unit is responsible for ensuring that the legislation for which the Minister of Health has statutory responsibility reflects government policy and supports the programs and initiatives related to the provision of health care in Manitoba. Staff from the Legislative Unit, serve as Manitoba Health's representative on The Professional Regulatory Network and on The Privacy Assessment Review Committee established under The Freedom of Information and Protection of Privacy Act.

The Legislative Unit coordinates the development, of new health legislation and amendments to existing health legislation and its conduct through Cabinet or the Legislature. In addition, the Legislative Unit:

- Reviews government and other Bills at both the federal and provincial levels to assess the impact on health policy and legislation;
- Provides advice and assistance respecting implementation of regionalization;
- Monitors and advises on compliance with the Agreement on Internal Trade (Labour Mobility Chapter) by regulated health professions.

In 1999/00, the Legislative Unit:

- Prepared detailed Legislative Proposals for *The Protection for Persons in Care Act, The Health Sciences Centre Repeal and Consequential Amendments Act* and *The Miscellaneous Health Statutes Repeal Act;*
- Made presentations throughout the province and provided advice on implementation of *The Personal Health Information Act*;
- Delivered presentations on *The Personal Health Information Act* at national conferences on health information privacy;
- Provided advice respecting ongoing implementation of regionalization under *The Regional Health Authorities Act*;
- Participated in the development of a preliminary working draft of a new *Public Health Act*;
- Participated in an inter-departmental committee to make recommendations respecting the regulation of counsellors;
- Participated in a Federal/Provincial/Territorial initiative to develop a Harmonization Accord on legislation respecting the privacy of health information;
- Assisted in the development of required regulation amendments under various health related legislation;
- Provided inservices to departmental staff, members of health professions regulatory bodies, regional health authorities and students on legislation and the legislative process;

Issues Management

The Issues Management Unit provides leadership and direction, formulating divisional and departmental responses to emergent and urgent health care issues, and establishing processes that support Manitoba Health in achieving core business plans and implementing effective strategies for provincial health care programs. The Unit is responsible for providing the initial lead on project management of corporate health issues and assists in the management of a broad range of complex system and consumer health care matters. The Unit oversees issues for project management through analysis of the nature, priorities, critical path, linkages and accountability of projects.

Issues Management provides expert issue and policy analysis, and research support services to the Department in the form of policy discussion and briefing papers. Additionally, the Unit maintains a collection of resource information, including health documents and publications for departmental staff, and provides assistance with literature searches.

In 1999/00, Issues Management participated in a wide range of matters with policy implications; including proposed health legislation amendments; implementation of programs that assisted the functioning of the Medical Claims and Insured Benefits Branches; monitored and coordinated selected health programs and other matters with legal implications; and examined current protocols to create and expand innovative approaches to medical treatment and prevention.

French Language Services

Responsibility for the Government of Manitoba French Language Services Policy within the Ministry rests with the Deputy Minister of Health.

The implementation and monitoring of Manitoba Health French Language Services is under the direction of the French Language Services Coordinator, who also acts as consultant, advisor, and liaison officer for the ministry and all external clients.

The goals of the French Language Services Unit, are to ensure that Franco-Manitobans have availability and accessibility to services in French within Manitoba Health and that Regional Health Authorities (RHAs) have improved capabilities of providing essential health services in Francophone designated areas. Service support to the RHAs is provided through the assistance of the *Santé en français* Resource Unit (SFRU).

1(e) Corporate Services

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,726.4	36.50	1,785.9	(59.5)	
Other Expenditures - Grants/Transfer Payments	405.6		486.3	(80.7)	
Total Other Expenditures	405.6		486.3	(80.7)	

Program Support Services

This main appropriation provides for the management and administration of program support services. It also provides grant funding for health policy evaluation and research initiatives.

Insured Benefits Services

The Insured Benefits Branch administers the Medical Program, Pharmacare, Inter-Provincial Reciprocal Agreements, Hospital Abstract Program, Out-of-Province Benefits, Ancillary Programs and Transportation Subsidy Program. As part of its administrative role, staff of the Branch participate in and support the following processes:

- Setting of fee schedules
- Establishing benefits
- Negotiating benefit changes with professional associations involved in the provision of health care
- Conducting of investigations to ensure compliance with health legislation
- Participating on national committees to discuss health related issues, which impact on health care delivery to Manitoba residents

- Assessing requests for Out-of-Province and Out-of-Canada referrals.

Objectives

- To maintain an up to date Provincial Registration database on all residents of Manitoba.
- To make payments to residents of Manitoba and health care professionals for insured benefits as provided for in The Health Services Insurance Act and The Prescription Drugs Cost Assistance Act.
- To undertake all administrative activities necessary to ensure that the Acts and regulations are followed as they pertain to the Medical Program, Pharmacare Program, inter-provincial reciprocal agreements and out-of-country benefits.

Customer Service and Registration

Summary of Activities

Registration and Information Services

The Registration and Information Service Unit manages the registration of all individuals in Manitoba eligible for health care benefits provided under The Health Services Insurance Act. The Information section answers customers' questions related to the registration process and the application requirements for other health care benefits. These sections are linked to ensure that residents of Manitoba receive the benefits to which they are entitled.

- This year visits to the customer service counter increased from 52,886 to 61,857 (17% increase). This increase may be due in part to the move of all of Manitoba Health to one location.
- Individuals coming to Registration and Information Services, with the correct documentation, are issued registration certificates at the time of application. The number of certificates issued has increased from 25,336 in 1999 to 33,309 (32% increase) in the present year. Customers who mail their application for registration wait approximately 2 weeks before receiving their registration certificate.

Medical and Hospital Programs

Summary of Activities

Medical Claims

The Medical Claims section is responsible for activities, which include the following:

- Registration of eligible health care practitioners.
- Assessment and processing of medical claims for payment of insured health care services provided by practitioners to Manitoba residents. In the past year 14.1 million physician services, 147,300 optometric services, 873,600 chiropractic services and 3,300 oral surgery services were processed.
- Monitoring of billing practices of practitioners, in order to identify and interpret current and emerging trends in health care services.
- Recovering incorrectly paid benefits from providers and recipients of services. Investigation resulted in the recovery of $87,680 from providers of service in 1999/00.

A reciprocal agreement exists between the Provinces/Territories which permits physicians to bill their own provincial health plans for services provided to residents of other provinces. In this regard, Manitoba Health processed 211,799 services for recovery of payments for services provided by Manitoba physicians.

Out of Province Claims/Reciprocal Agreements

Activities in these areas include the following:

- Approval or denial of applications from Manitoba physicians requesting funding for medical and/or hospital care outside Manitoba and for benefits under the Manitoba Transportation Subsidy Program. This involves providing direction and assistance to physicians in obtaining necessary and appropriate care for their patients that is not available in Manitoba and in some instances may not be available elsewhere in Canada. Staff also provide direction, assistance and support to residents who must travel outside the province to obtain medically necessary services. During 1999/00, Manitoba Health approved 75 requests for coverage of services outside the country and 845 requests for coverage of services in other Canadian centres. Residents approved for treatment not presently available in Canada incurred 277 claims from U.S. physicians as well as 118 outpatient visits and 117 inpatient days in U.S. hospitals. Travel subsidies were provided to 493 patients for 679 international and domestic trips totaling approximately $566,000.
- Assess and pay claims to doctors and hospitals that have provided emergency medical care to Manitoba residents while temporarily travelling or residing outside of the country. Manitoba residents incurred 4,929 claims from physicians as well as 2,531 outpatient visits and 2,250 inpatient days for emergency care in hospitals outside of Canada.
- Under the terms of the Canada Health Act and the Inter-Provincial Reciprocal Billing Agreements, Manitoba Health made payment totaling $11.3 million for 12,830 inpatient days and 21,444 outpatient visits for Manitoba residents who received care in hospitals in other provinces.
- It should be noted that Manitoba is a net beneficiary of reciprocal agreements with other provinces, recognizing that 28,158 inpatient days and 40,206 outpatient visits were incurred by residents from other provinces in Manitoba hospitals. Recoveries processed on behalf of the province totaled $26.1 million in 1999/00.

Medical Assessment

Medical Assessment and practicing consultants provide medical expertise to the physician community, senior management and internal committees regarding claims processing and the management of the system. The medical assessors serve as a liaison with other provincial health care plans to determine and monitor inter-provincial trends in health care delivery. In addition the Complex Claims Unit provides assistance to processing staff in assessing complex or unusual claims.

Pharmacare/Ancillary Programs

Summary of Activities

Pharmacare Program

The Pharmacare Program funds pharmaceutical benefits, as provided for in The Prescription Drugs Costs Assistance Act and Regulations, in order to protect the residents of Manitoba from financial hardships resulting from expenses for prescription drug expenses.

The Income Based Pharmacare Program mandates an annual application for benefit coverage and provides 100% financial assistance in excess of a pre-set deductible for eligible prescription drugs.

The Special Drugs Program (formerly Life Saving Drug Program) was incorporated into the Income-based Pharmacare Program in 1996/97. The "grandfathered" clients continue to receive 100% coverage for the costs of their disease-specific drugs with no annual deductibles.

- In 1999/00, actual Pharmacare Program expenditures (Pharmacare and Special Drugs Program) expenditures totaled $85.7 million, a 21% increase over fiscal 1998/99. The total number of beneficiary families increased to 62,500 families, that is 8.1% over 1998/99 of 57,800 families.

In 1994, the Drug Programs Information Network (DPIN) was introduced. The DPIN system is a computer network connecting pharmacies in Manitoba to a central database. It directly reimburses pharmacies for eligible drug costs that are listed in the Manitoba Drug Benefits Formulary. Pharmacies transmit information regarding prescriptions dispensed in all Manitoba pharmacies by sending the information to the network. DPIN processes all Pharmacare claims and provides pharmacists with real time adjudication of the payment required by the patient. The network also provides information to assist pharmacists in drug/drug interaction monitoring and patient counseling activities. Help desk support is available to all pharmacies seven days a week.

- In 1999/00 DPIN processed approximately 12.8 million transactions. The total number of transactions was comprised of 9.6 million transactions solely for financial reimbursement adjudication and 3.2 million transactions are reviewed and forwarded to other agencies that provide financial coverage.

Ancillary Programs

The Ancillary Programs staff is responsible for claims reimbursement and public information and support for:

- Prosthetic and orthotic devices;
- Post mastectomy breast forms and brassieres;
- Hearing aids and orthopaedic shoes for children under 18 years of age;
- Telecommunications for the profoundly deaf and speech impaired;
- Eyeglasses for persons 65 years of age and over; and
- Artificial eyes and contact lenses for infants with congenital eye defects.

In 1990/00, Manitoba Health adjudicated approximately 35,300 ancillary programs claims for 42,900 devices.

Third Party Liability Program

The Third Party Liability Program staff is responsible for the recovery of insured health care expenses, including hospitalization and medical costs, incurred as a result of third party liability.

In 1999/00, 2,555 settled cases yielded total recoveries of $6.1 million; $3.9 million for hospital costs and $2.2 million for medical costs. The Manitoba Public Insurance block funding agreement contributed approximately $ 5.7 million (80.3%) to the total funds recovered.

Pharmaceutical Consulting

Summary of Activities

The Manitoba Drug Benefits Formulary is a listing of approximately 4,901 therapeutically effective drugs of proven high quality that have been approved as eligible benefits under the Pharmacare

Program. A manufacturer's drug submission request is supported by internal and external scientific sources, clinical and pharmacoeconomic information, which is reviewed by The Manitoba Drug Standards & Therapeutics Committee (MDSTC).

The MDSTC, an independent Committee, is comprised of three physicians and three pharmacists. MDSTC members are provided by the College of Physicians and Surgeons, the Manitoba Medical Association, the Manitoba Pharmaceutical Association and the University of Manitoba.

- In 1999/00, the MDSTC met seven times to ensure that appropriate drug benefits were made available to Manitobans on a timely basis. The 223 drug additions to the Pharmacare benefit list represent a 46% increase over the 175 drug additions approved in 1998/99.

Medical Review Committee

The Medical Review Committee was established under the Health Services Insurance Act to review Manitoba physicians' patterns of practice and to function as a formal appeal mechanism for physicians when dealing with claims processing disputes. There are 7 members; 3 appointed by Manitoba Health, 3 appointed by the Manitoba Medical Association and 1 appointed by the College of Physicians and Surgeons

During the 1999/00 fiscal year the Committee:

- Held 12 full day meetings;
- Reviewed 493 medical practitioners' patterns of practice and 57 physicians were requested to identify reasons for variance from their peers.

Patient Utilization Review Committee

The Patient Utilization Review Committee was established as a standing committee to identify patients who have received services beyond medical necessity and to recommend educational initiatives as appropriate. There are 4 committee members; 1 physician appointed by Manitoba Health, 1 physician appointed by the Manitoba Medical Association, 1 pharmacist appointed by the Manitoba Pharmaceutical Association and 1 citizen appointed by Manitoba Health.

During the 1999/00 fiscal year the Committee:

- Held 7 meetings,
- Reviewed 136 patients who received an inordinate number of medical services and nineteen referrals from outside agencies. Under this process the committee would normally recommend that patients enter into an undertaking to restrict themselves to one physician and/or pharmacy for all non-emergency health services; and
- Questionable dispensing practices are referred to the Manitoba Pharmaceutical Association.
- Since the Committee was established, 113 registrants have signed an agreement with the Department of Health.
- Of those registrants who have signed an agreement restricting themselves to one physician and one pharmacy, the number of office visits to general practitioners decreased on average by 68%. Medical costs decreased on average by 67%.
- A comparison was also done on registrants who had been requested to sign an agreement but declined. These registrants were noted to have decreased their number of office visits to general practitioners by 66.2%. Their medical costs decreased on average by 58%, while the prescription benefits paid by Provincial Drug Plans (Pharmacare/Family Services) decreased on average by 58%.

2(a) Insured Benefits Services

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	5,923.2	152.50	5,999.6	(76.4)	
Other Expenditures - Grants/Transfer Payments	3,043.6		3,060.7	(17.1)	
Total Other Expenditures	3,043.6		3,060.7	(17.1)	

Financial Services

Financial Services is responsible for providing a fair and equitable distribution of available funds for Regional Health Authorities and other funded agencies, in accordance with government priorities, through the review, recommendation, and approval of RHA's Health Plan submissions and monitoring of financial, statistical and operational results.

In addition, the Branch ensures an equitable rate structure exists, in order to maintain a level of revenue that partially offsets the total cost of long term care for the RHAs, through the management of the assessment and appeal process for clients.

Regional Health Authority (RHA) Budgets

The Budgets section is responsible for the allocation and monitoring of the funding made available to regional health authorities and facilities as required under legislation and in accordance with Manitoba Health policy.

The overall mandate of the Budgets section includes:

- Responsibility for a fair and equitable distribution of funding to Regional Health Authorities, proprietary personal care homes, CancerCare Manitoba and other funded agencies;
- Preparing, analyzing, and recommending funding, monitoring and verifying financial and operational performance of health care authorities and facilities;
- Effective planning and organization of financial reporting systems;
- Timely recommendations to senior management on annual budgets and other necessary yearly changes; accurate quarterly cash flows and required adjustments;
- Appropriate management of the annual budget and estimates process resulting in relevant health authority and facility budgets; and
- Management of the review/appeal process of the Residential Charge Program for personal care, chronic care and mental health centres.

Agency Relations

The Agency Relations Section conducts annual reviews of funding requests from community health agencies. During 1999/00, the Section recommended and administered 44 grants and 2 purchase of service arrangements on behalf of programs supported by Manitoba Health. Consultation was strengthened to enhance the coordination and accountability of the funding process with an increased emphasis on the development of service contracts.

2(b) Financial Services

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,275.2	24.00	1,282.0	(6.8)	
Other Expenditures - Grants/Transfer Payments	168.5		154.8	13.7	
Total Other Expenditures	168.5		154.8	13.7	

Information Systems

The Information Systems Branch is responsible for providing strategic, tactical, and operational information systems and information technology (IT) leadership and solutions to support the objectives and priorities of Manitoba's health care system. The Branch also continues to provide consultative services on IS/IT initiatives involving the Department, other government agencies, Regional Health Authorities, health care facilities, health care associations, and other providers of health care services. The Branch's efforts will coordinate and align Federal, Provincial, Health sector, inter-sectoral and departmental projects.

A key leadership principle of the Branch is to emphasize and articulate the essential value that other Branches and Departments contribute to IT projects through their understanding and definition of business requirements. Such projects, sponsored by informed and involved program areas within Manitoba Health, are guided to successful completion through the expertise, consultation, project management, and work activities of Information Systems personnel.

The IS Branch's key role is to advise, plan, and deliver on "how" information technology may best be employed to improve health care program outcomes. A well understood relationship between the health care program area and the IS Branch leads to the best chances for success in implementing business solutions with appropriate and effective use of information technology.

Information Systems also continues to maintain, enhance and operate Health's mission critical systems including insured benefits registration and eligibility, medical and other insured services claims, Drug Program Information Network (DPIN), Manitoba Immunization Monitoring System (MIMS), the Mental Health Information System and others. Network and infrastructure design and deployment continues to be refined as technology changes and the Provincial Data Network (PDN) evolves.

During 1999/00, the Health Information Network project achieved the following:

- Completed the Year 2000 project that refurbished most of the Ministry's systems to ensure Year 2000 compliance. This Y2K effort has required monumental efforts over several years, and Branch staff provided outstanding results.
- Established a Project Management Office (PMO) which formulated a plan for:
  - Educating departmental staff in project management concepts and fundamentals
  - Information Systems staff to develop expertise in project management based on Project Management Institute (PMI) technology.
  - Initiating the development of a customized project management methodology to meet the needs of the Department and improve facilitation of government processes.

- Deployed the Drug Programs Information Network (DPIN-ER) in 76 acute care facilities across the province to hospital admitting and emergency rooms
- Implemented the foundation to a provincial network infrastructure;
- Continued to consult with key stakeholders in the provincial healthcare arena;
- Developed plans to integrate the Manitoba Cancer Care Network into the provincial network as part of the Health Information Network;
- Initiated a new strategic plan which would incorporate the Regional Health Authorities IT needs into a provincial plan;
- Completed the successful transition of people, desktop infrastructure, a data centre and critical information systems to the new Ministry of Health location at 300 Carlton Street in September, 1999
- Provided key IT planning, support and orientation for all Manitoba Health staff prior to, during and after the move to the new location.

2(c) Information Systems

Expenditures by Sub-Appropriation	**Actual 1999/00 $(000's)**	**Estimate 1999/00 FTE**	**Estimate 1999/00 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Total Salaries	4,114.5	83.90	4,452.1	(337.6)	
Other Expenditures	5,097.7		3,615.3	1,482.4	1.
- Grants/Transfer Payments	33.8		33.8	0.0	
Total Other Expenditures	5,131.5		3,649.1	1,482.4	

Explanation Number:

1. *This over-expenditure is primarily due to the Health Information Network (HIN) Infrastructure deployment through expansion of the Provincial Data Network which included the new installations of the Drug Program Information Network to Emergency Rooms.*

Capital Planning

The Capital Planning Branch oversees development and implementation of the provincial health capital program, and advises Government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The Branch works closely with Regional Health Authorities in the development and refinement of project proposals, and oversees project management to the point of final tender. This ensures that projects are scoped and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.

The Branch coordinates Departmental prioiritization of regional capital plans, to ensure optimal consistency between Health Capital Estimates and Department strategic priorities, and conducts analysis to support policy and planning in the area of health infrastructure.

During the year, the Department worked in close collaboration with Regional Health Authorities as they developed their capital programs in the context of regional health planning.

During 1999/00, 19 major construction projects were completed at a cost of $90.4 million including:

- **Acute Care**
  - Energy Centre at the Brandon General Hospital
  - Medical Clinic relocation to the Tri-Lake Health Centre in Killarney
  - Improvements to Emergency, Observation and Ambulance Access in Ste. Rose
  - Temporary facilities for the Swan River Valley Hospital
  - Improvements to increase space for community programs in Whitemouth
  - Emergency Department Reconfiguration at St. Boniface General Hospital
  - Francophone Primary Care Centre at St. Boniface General Hospital
  - Intermediate Care & Neonatal Intensive Care at St. Boniface General Hospital
  - Intensive Care Unit expansion at Seven Oaks General Hospital
  - Construction of a new Winnipeg Blood Transfusion Services Centre
- **Long Term Care**
  - Churchill - Conversion to create long term care beds at the health centre
  - New personal care home in Fisher Branch
  - Link between the Betel PCH and the Betel Waterfront Centre in Gimli
  - New personal care homes in Winnipeg at Calvary Place and Misericordia Place
  - Riverview Health Centre - Phase II Redevelopment, including renovation of Princess Elizabeth Hospital
- **Provincial Programs**
  - Sapotaweyak - Community Health Centre to house services funded by province and federal government
  - Upgrading and renovation to develop living space at the St. Amant Centre in Winnipeg
- **Safety and Security**
  In addition to this, the Branch oversaw completion of approximately 55 maintenance and safety and security projects throughout the province.

Construction has continued and new projects were initiated during the year on 30 major projects costing $217.3 million. These projects include:

- **Acute Care**
  - Renovation and expansion of the Beausejour Hospital
  - Renovations to several support service programs, including patient reception, administration, diagnostic imaging, preoperative surgery and patient counselling at the Brandon General Hospital
  - Renovation and expansion of space in pathology and nuclear medicine at the Brandon General Hospital.
  - Medical Clinic relocation in Deloraine
  - Renovations to amalgamate Maternal/Child and Surgical Services, Fire Safety Upgrade at Flin Flon General Hospital
  - Boundary Trails Health Centre - New 94 Bed Regional Hospital
  - Medical and community health services at the Reston Health Centre
  - Community health centre adjacent to supportive housing unit in Rosenort
  - New multi-purpose health centre in Shoal Lake
  - New multi-purpose health centre in Carberry
  - New health centre to include 6 multi-purpose beds, emergency care, diagnostic services, physician clinic and community health unit in Wawanesa
  - Community health centre in Winnipegosis
  - Renovations to relocate Palliative Care at St. Boniface
  - CSRP CN Decant Project - Redevelopment Phase I - Site Preparation at Health Sciences Centre
  - Upgrading obstetrical units and provide facilities for single room maternity care (LDRP's labour, delivery, recovery, postpartum) at Health Sciences Centre
  - Cardiac Surgery Recovery - Step-Down Unit renovations at Health Sciences Centre
  - Renovations to provide Oncology Day/Evening Hospital at Health Sciences Centre

  - Pediatric Extended Care expansion renovation at the Children's Hospital
- **Long Term Care**
  - Renovations and addition to the Northern Lights Manor in Flin Flon
  - New personal care homes in Altona, Hartney, Souris, Oakbank and The Pas
  - New personal care homes in Winnipeg at Concordia Hospital, Lion's Club of Winnipeg Senior Citizens Home and Sharon Home
  - 35 bed addition at the Deaf Centre Manitoba
- **Provincial Programs**
  - Redevelopment of CancerCare Manitoba (formally called MCTRF)
  - Six new dialysis stations at the Selkirk General Hospital
- **Safety and Security**
  A number of maintenance and safety and security projects are in construction.

2(d) Capital Planning

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	620.7	12.00	698.6	(77.9)	
Other Expenditures - Grants/Transfer Payments	182.5		212.1	(29.6)	
Total Other Expenditures	182.5		212.1	(29.6)	

Evaluation, Monitoring and Appeals

Established in 1999 within the Division of Internal Programs and Operations, Branch Units from various sites were consolidated to the new facilities at 300 Carlton Street in Summer 1999.

The Branch consists of the Evaluation and Monitoring Unit, and the administrative units that support the Manitoba Health Appeal Board, the Mental Health Review Board, and the Appeal Panel for Home Care.

The Evaluation and Monitoring unit provides evaluation and monitoring consultation, project management, and evaluation education in order to effect timely and valid information to support policy and program decision making.

The activities and decisions of the Boards and Panel remain independent from Department operations. Ongoing administration support is provided.

Evaluation and Monitoring

Major focus in 1999/00 was placed on the function of Evaluation, with the following project involvements:

- Co-chair of the evaluation of the Aboriginal Health & Wellness Centre, a collaborative initiative with the Centre, ongoing through 1999/00 and completed.
- Participant in the Youville St. Vital Community Resource Nurse Centre. Initiated in 1998 and completed.
- Program Review of a community agency, as requested by the Division of External Programs and Operations. Completed.

- Chair of the evaluation of the Supportive Housing initiative. This project started in January 2000 and is in mid-point.
- Chair of the evaluation of the Psychosocial Rehabilitation Program for Mental Health in the RHAs of Brandon, Central and Parklands. This project was initiated in February 2000 and is ongoing.
- Participant in the Manitoba Cancer Care Network evaluation. This is at the beginning phase, having been initiated in March 2000.
- Extensive involvement in the evaluation and monitoring projects of the Diabetes and Chronic Diseases Unit.
- Numerous consultations/discussions regarding preparation for evaluation and monitoring activities with the Primary Care Unit, the Population Health Promotion initiative, the Aboriginal Health Strategy development, Mental Health, and the Standards Development Branch.
- Educational sessions on evaluation process were provided to the Primary Care Unit.
- The Unit is the contact for a number of national surveys and information requirements.
- Administrative activities, related to internal accountability, such as business planning, budgeting, and specified reporting, have occurred.

The monitoring function of the Unit was given renewed attention in 2000. The emphasis in this phase has been research and development related to accountability and monitoring frameworks, status regarding information availability, and current monitoring processes.

Manitoba Health Appeal Board

The Manitoba Health Appeal Board was established in 1993 under The Health Services Insurance Act. The Board hears appeals as specified under The Health Services Insurance Act, The Ambulance Services Act and The Mental Health Act.

The Board hears approximately 220 appeals per year and serves in an advisory role to the Minister, by maintaining links between the Minister, the health care community and the community at large, and facilitating the participation of Manitobans in the continuing development and achievement of the goals of Manitoba Health.

Mental Health Review Board

The Mental Health Review Board was established under the Mental Health Act to hear appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility. Legislation also requires that there be a yearly, automatic review for patients on a Leave Certificate and an automatic review of all involuntary patients after the filing of a third Renewal Certificate and annually, thereafter. Reasons for Decision are mandatory and any party may appeal the Board's decision to the Court of Queen's Bench.

During the period April 1, 1999 to March 31, 2000, 53 hearings were held lasting from one hour to fourteen hours, depending on the complexity of the case being reviewed.

Appeal Panel for Home Care

The Appeal Panel for Home Care is a non-statutory quasi-judicial body, which hears appeals from Manitobans who have requested or are in receipt of Home Care services respecting eligibility or level of service received. The Appeal Panel also serves as an advisory body to the Minister with advice on existing Home Care policy, as well as making recommendations with respect to future policy development.

During 1999/00, The Appeal Panel for Home Care:

- Provided adjudication regarding 36 appeals;
- Provided consultation to the Minister of Health;
- Provided consultation to Home Care Health Programs Branch regarding Home Care policy;
- Provided consultation to the RHAs regarding service delivery issues;
- Provided a presentation at the Canadian Home Care Association Conference.

2(e) Evaluation, Monitoring and Appeals

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	363.1	9.73	486.7	(123.6)	
Other Expenditures	295.0		370.3	(75.3)	
- Grants/Transfer Payments	73.4		88.0	(14.6)	
Total Other Expenditures	368.4		458.3	(89.9)	

Health/Labour Relations

The Branch's primary function is to provide remuneration to health care practitioners on behalf of the Province in compliance with the Department's regulations, policies and agreements.

The activities undertaken within the Branch provide for the planning, development and implementation of strategic policies for physician resources, negotiations, arbitration and mediation, recruitment support, and health profession regulation.

Objectives

- To represent Manitoba Health in funding negotiations, with regard to medical remuneration, with professional organizations within the Regional Health Authority structure.
- To develop appropriate alternate funding arrangements with medical professionals and organizations within the Health Authority structure.
- To administer Fee-for-service, Alternate Funding, and Specialty Care agreements.
- To collect, analyze and evaluate data to provide policy, planning advice and recommendations.

Fee-for-Service

Objectives

- To negotiate and administer the fee-for-service agreements with Manitoba Medical Association (MMA), Manitoba Chiropractors' Association (MCA), Manitoba Association of Optometrists (MAO) and the Manitoba Dental Association (MDA) as well as maintain effective working relationships with these groups.
- To develop and negotiate fee improvements in the Manitoba Health Physician's Manual in order to achieve fair and equitable payments to the province's physicians.
- To conduct economic/statistical analyses and modeling including forecasting of fee-for-service expenditures, monitoring emerging trends in fee-for-service payments, calculating cost impacts with respect to recommended changes and developing positions for discussion with the professional associations.

Summary of Activities

- Reached agreement with the MMA on the fee for service allocation of the Interim Arbitration Award of August 3, 1999.
- Reached agreement with the MMA on several new tariffs and corresponding fees for services provided by physicians in Manitoba.
- Finalized a new three-year Memorandum of Agreement regarding a new fee schedule for Ultrasound and MRI services.
- Staff participated on the Fee Schedule Committee, the Assessment Benefit and Policy Committee, the Standing Committee on Diagnostic Services, and the Expert Group on Physician Databases, which reports to the Canadian Institute for Health Information.
- Monitored all new tariffs and fee increases that were implemented for the 1999/00 fiscal year.

Alternate Funding Administration

The Alternate Funding Unit develops and administers appropriate alternate funding arrangements with individual physicians and certain specialties.

Alternate Funding consists of five main types of funding arrangements: salary, sessional payments, block funding arrangements, independent contractor arrangements, and blended arrangements.

- Salary arrangements are used where the physicians(s) are employed by agencies such as hospitals and clinics.
- Sessional rates relate to services paid on the basis of time.
- Block funding arrangements are used in instances where a multiple of services and funding arrangements exist. The block funding arrangement consolidated both funding and services under a comprehensive contract, for example, physicians based in a teaching hospital that provides clinical, administrative and teaching functions.
- Independent contractor arrangements are becoming more common and allow Health authorities and facilities to purchase the delivery of medical services.
- Blended payments combine two or more existing funding arrangements such as salary and fee-for-service.

Summary of Activities

- Negotiated several new contract arrangements.
- Monitored, reviewed, evaluated and administered alternate funding arrangements.
- Supported re-negotiation of existing contracts and provided support for other funding initiatives under development by the Primary and Specialty Care Units.
- Developed evaluation frameworks to measure the effectiveness of funding arrangements.
- Maintained financial information management systems to support negotiations, program development and contract review.
- Reviewed policies to ensure funding arrangements are consistent with departmental objectives including recruitment and retention of professionals.
- Revised contract templates in cooperation with the RHAs. These have produced clear and concise contracts with consistent deliverables and remuneration levels.
- Developed a comprehensive database on all contracts.
- Reviewed and evaluated existing and proposed alternative funding arrangements.
- Continued to improve information sharing with the province, both with the Regional Health Authorities and between departments and inter-provincially, in the area of alternate funding.
- Supported the continued development of compensation policies for the Department's priority areas.

Specialty Care

Objectives

- To develop a coordinated, integrated specialty care system for Manitobans.
- To ensure appropriate access for Manitobans to Specialty Care services through planning and policy development.
- To develop a system in which funding related to Specialty Care is equitable and sustainable.
- To foster collaborative working relationships with physicians and other internal and external agencies.

Summary of Activities

Major ongoing activities 1999/00:

- Collaborate with Workforce Planning Branch to support the RHAs in the placement of foreign-trained physicians into under serviced areas of Manitoba.
- Analyzed request for financial support to one of the Faculty of Medicine's GFT Programs.
- Working with Workforce Planning Branch to develop workforce strategy and plan that will outline the appropriate number and mix of physicians for Manitoba.
- Negotiations with the Manitoba Medical Association continued throughout the arbitration process with Specialty Care developing the Government's strategy and proposals for specialists.
- Developed web-site for on-going electronic communications with the RHAs and physicians, which is in the final stages of development.
- Telemedicine fees have been introduced into the Manitoba Physicians' Manual to remunerate physicians who provide and receive consultations via video teleconferencing. Specialty Care is working with stakeholder groups to investigate other uses for telemedicine that will make physician services more efficient.
- Developed and conducted physician exit interviews that will support the ongoing development of physician recruitment and retention policies and strategies.
- Worked with homeopathy organizations in Manitoba to facilitate the establishment of a working group that will seek the regulation of homeopathy in the province.

Workforce Planning

Objectives

Working within the Health Reform Framework, the Workforce Planning Branch's primary function is to:

- Ensure an adequate supply of appropriately trained health workers is available by monitoring the supply and demand of physicians, nurses and allied healthcare professionals in Manitoba; and
- Develop policy and strategies to support the availability of appropriate health care professionals and workers to support the delivery of healthcare in Manitoba.

Summary of Activities

Physicians

In 1999, a Rural Physician Action plan was developed to address the long term retention of physicians for rural areas. Incremental implementation of the various elements of this plan will start in 2000 with full implementation expected by 2005.

Ongoing recruitment and retention programs for rural physicians were maintained as follows:

- A summer rural work experience for 10 first or second year medical students provided the opportunity to experience rural medical practice prior to graduation;
- Financial support to assist undergraduate medical students and Family Medicine residents in their rural practice experience with accommodation and travel costs;
- Provision of 15 loans of $15,000 each to third and fourth year medical students for which the student, upon graduation, returns service in an underserviced area of the province;
- Financial support for continuing medical education for rural physicians;
- Financial support and protection of training positions for rural practitioners to acquire needed skills training for rural practice.

In addition, the department maintained a physician recruitment Website on the Manitoba Health Home Page and expanded the capacity of the Website to include all health care providers. Revisions were made to the original platform to make it more "user friendly: The site was used by all health authorities to advertise health care professional vacancies and received between 500-1000 inquiries per month.

The Specialist Recruitment and Retention Committee, established in June 1999, supported the relocation of 3 specialists to Manitoba and held a workshop for Directors of Medical Specialties to familiarize them with the recruitment process. Funding was also provided for a co-ordinator who served as the provincial liaison for specialist recruitment.

Regulations to define the work of Clinical Assistants under The Medical Act were introduced. The Registered Clinical Assistant, under the supervision of a physician, will support patient care management for primary care physicians as well as medical specialists. Work is continuing to define the utilization of this healthcare provider in a variety of settings.

Nurses

In 1999, the department worked with the Provincial Nursing Resources Taskforce on the development of a nursing database. This has allowed employers to more accurately define vacancy rates as well as assist the department in planning strategies to enhance supply.

In February 2000, the department began the implementation of the Minister's 5 point Nursing Strategy, including the introduction of a diploma nursing program at Red River College by September 2000, establishment of a committee to examine the Quality of Working Life, a marketing campaign to promote nursing as a career and a recruitment fund.

The Nurses Recruitment and Retention Fund was created in 1999 to support recruitment of nurses wishing to enter the Manitoba nursing workforce. Funds were allocated for relocation costs of out of province nurses recruited to Manitoba, as well as nurses who required refresher programs prior to returning to the workforce. Return of service loans were provided to nursing students in undergraduate programs to encourage them to accelerate their studies in order to enter the workforce earlier. Funds were also allocated for job fairs and to initiate the development of a program to assist foreign trained nurses to gain registration.

The department partnered with Manitoba Labour, Citizenship Division and the Health Authorities to recruit 100 nurses from offshore under the Provincial Nominee program.

Allied Health Providers

The department, in partnership with Manitoba Education and Training, continued to work on the implementation of a program to train allied health professionals (laboratory and radiology technologists as well as radiation therapists and cytotechnologists). As well, a program to train x-ray assistants to work in small rural facilities was developed and funded. Students will enter the program in September 2000.

An offshore recruitment initiative to secure 5 radiation therapists was initiated.

Labour Adjustment

The department participated in the review and dissolution of the Provincial Health Care Labour Adjustment Committee.

The labour adjustment plan to deploy staff from the Misericordia Health Centre to other health facilities as well as retrain staff to work on the long term care units at the Misericordia Health Centre was completed.

Continuous Improvement

- Improved rural physician retention through the implementation of the Rural Physician Action Plan.
- Development of a Physician Resource Planning Framework.
- Development of strategy to support International Medical Graduates to achieve licensure.
- Introduction of a competency based training program for health technologists and other allied health providers.
- Introduction of a Comprehensive Nursing Strategy, including Health Care Aides, to improve recruitment and utilization of all providers.
- Continued refinement of nursing resources database including the capacity to respond to the demand for allied health providers during the next three years.
- Development of an education and recruitment workforce strategy to address the needs of the Francophone population.

2(f) Health Labour Relations

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,004.3	17.00	1,039.2	(34.9)	
Other Expenditures	378.2		342.9	35.3	
- Grants/Transfer Payments	300.6		301.1	(0.5)	
Total Other Expenditures	678.8		644.0	34.8	

Grants for Evaluation and Research

This main appropriation provides funding to the Manitoba Health Research Council for annual grants and award competitions and to the Manitoba Centre on Health Policy and Evaluation for evaluation and policy initiatives.

2(g) Grants for Evaluation and Research

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries					
Other Expenditures					
- Grants/Transfer Payments					
Manitoba Centre for Health Policy and Evaluation	1,850.0		1,850.0	0.0	
Manitoba Health Research Council	1,752.6		1,752.6	0.0	
Total Other Expenditures	3,602.6		3,602.6	0.0	

External Programs and Operations

The External Programs and Operations Division has the responsibility to provide overall leadership, provincial policy direction, and provincial program identification for the health services system, and to provide coordination and support to the Regional Health Authorities. The Division approaches this mandate within a population health framework and by using an integrated and coordinated policy, program and fiscal envelope approach to the planning of the provincial health service system.

This mandate is carried out by the following divisional branches: Regional Support Services, Community Health Assessment, Chief Provincial Psychiatrist, Selkirk Mental Health Centre, Emergency Health and Ambulance Services, Disaster Management, Public Health and Epidemiology, Cadham Provincial Laboratory Services, Medical Officers of Health, Health Programs, Primary Health Care, and Standards Development.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	294.8	4.00	313.0	(18.2)	
Other Expenditures - Grants/Transfer Payments	294.2		267.3	26.9	
Total Other Expenditures	294.2		267.3	26.9	

Regional Support Services

The mandate of the Regional Support Services Branch is to provide leadership and direction to the Regional Health Authorities (RHA) and CancerCare Manitoba (CCMB) for the program and financial management of a comprehensive range of primary care, secondary care, tertiary care and community programs and services.

The twelve Regional Health Authorities have responsibility for the delivery and administration of health services to meet the health needs of their respective regions in accordance with The Regional Health Authorities Act. CancerCare Manitoba provides programs and services related to cancer care in the Province of Manitoba under The Cancer Treatment and Research Foundation Act.

Urban and Rural Health Care

- Provides leadership and support to Regional Health Authorities, CancerCare Manitoba and government in areas such as governance, board development, legislation and regulations, core health services, regional health planning, application and interpretation of government policy, communication and community health assessment.
- Provides expertise and advice to the Minister and Executive Management Committee on matters related to regionalization policy, RHA and CCMB health plans and specific program and service initiatives, and operational issues within the regions.
- Develops requirements for regional health plans in consultation with health authorities.

- Leads the process for review and approval of regional health plans, including the assessment and development of funding submissions for new or expanded program and service initiatives delivered by the RHAs and CCMB.
- Participates with other branches to monitor standards of care and respond to critical incidents and inquiries from the public.
- Provides expertise to departmental, inter-departmental, federal, provincial and territorial committees or projects.
- Oversees the monitoring and improvement of the Manitoba Hospital Abstract System, including implementing updates to mandated coding classifications on a province-wide basis.
- Identifies service gaps and trends and provides critical analysis related to acute care services and the integration of the continuum of health services in conjunction with the Regional Health Authorities.
- Participates in matters related to Manitoba Health's emergency preparedness planning and response.

Community Health Assessment

In addition to the previous responsibilities, the Community Health Assessment Unit:

- Provides resource materials, provincial data, analysis and interpretation and other supports to the ongoing RHA and CCMB community health assessment process.
- Provides and interprets regional and provincial summaries of population health data.

Major accomplishments and ongoing activities for the Regional Support Services Branch for the fiscal year 1999/00:

- Led the redevelopment of the Guidelines for the Preparation of Regional Health Authority Health Plans in conjunction with other branches and RHAs.
- Led the departments health plan review process including the coordination of summary results.
- Collaborated with RHAs, CCMB and Financial Services branch in reviews and recommendations on financial budget shortfalls for fiscal year 1999/00.
- Provided orientation to new RHA board members in collaboration with Regional Health Authorities of Manitoba.
- Responded to inquiries from the public and external agencies and organizations.
- Developed "Achieving Accountability", a document that describes the accountability relationship between the Minister of Health and the health authorities.
- Supported the RHAs and CCMB in the development, initiation and implementation of initiatives such as:
  - The five point plan to address hallway medicine including increasing the number of hospital beds in the system, improving hospital admission and discharge procedures, strengthening prevention programs such as flu immunization, providing more support for community based services as well as increasing the capacity of the Home Care Program
  - Palliative care including the redevelopment of the St. Boniface General Hospital palliative care unit, funding for palliative care physicians and a Winnipeg RHA program director. Outside of Winnipeg, each region received funding for one professional palliative care resource person to begin planning the delivery of palliative care services.
  - Provincial Dialysis Program expansion including nine additional stations at Winnipeg's Health Science Centre and a new six station unit in Selkirk and District Regional Hospital.
  - Manitoba wide cervical cancer screening program to identify at risk women, encourage regular Pap tests, and increase follow up with individuals who need to be tested again within an appropriate time frame.
  - The Breast Health Centre, offering a full range of diagnostic and assessment services including diagnostic mammography, ultrasound, stereotactic core biopsy, open biopsy, and surgical consultation.

- The deep brain stimulation program for treatment of motion disorders such as Parkinsons Disease.
- The vagal nerve stimulation program for the treatment of epilepsy.
- Memory assessment clinic, part of Lions Housing Center, for specialized assessment of individuals with memory loss.
- Bone density scanning service in Brandon.
- CT Scanning services in Dauphin.
- Additional MRI clinical time at St Boniface General hospital.
- Expanded rehabilitation services such as physiotherapy, occupational therapy, speech and language services for stroke patients in Winnipeg personal care homes.
- Ste Rose General Hospital's new emergency room and ambulatory care area.

3(b) Regional Support Services

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,674.6	34.79	1,927.9	(253.3)	
Other Expenditures - Grants/Transfer Payments	541.4		645.7	(104.3)	
Total Other Expenditures	541.4		645.7	(104.3)	

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for administering The Mental Health Act, issuing Orders of Committeeship, providing professional consultation to various sectors of the mental health system, coordinating the Career Program in Psychiatry, and promoting the recruitment and retention of psychiatrists for under-serviced areas in Manitoba, in order to protect and promote the improved mental health status of Manitobans.

The Chief Provincial Psychiatrist maintains a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba, ensuring an important linkage between the academic community and External Programs and Operations.

During the period April 1, 1999 to March 31, 2000, 317 new Orders of Committeeship were issued and 35 previous Orders were cancelled.

The Mental Health Act Review Committee established in 1995, completed a detailed review of existing mental health legislation, and submitted their recommendations in 1997. The new Mental Health Act received Royal Assent in June 1998 and was proclaimed into law on October 29, 1999. Implementation of the new legislation and regulations is proceeding successfully.

3(c) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	163.5	2.00	165.9	(2.4)	
Other Expenditures - Grants/Transfer Payments	71.2		43.0	28.2	
Total Other Expenditures	71.2		43.0	28.2	

Selkirk Mental Health Centre

Selkirk Mental Health Centre has the mandate of providing long term mental health inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met by other services. The Centre continues to provide short term and acute inpatient mental health services to Manitoba residents of the Interlake, North Eastman, South Eastman, Burntwood, Norman and Churchill Regions.

Effective December 1999, the Centre formalized an agreement with the Government of Nunavut, to provide inpatient services to residents of Nunavut experiencing mental illness.

Patient services are available at Selkirk Mental Health Centre in 3 specialized treatment programs: Short Term Treatment and Rehabilitation, Extended Treatment and Rehabilitation, and Community Preparation and Forensic Rehabilitation.

The Short Term Treatment and Rehabilitation Program

- offers short term treatment and care for patients requiring assessment and inpatient services
- offers care and treatment for those patients who exhibit behaviours which require a closed area and intensive intervention.
- offers a rehabilitation program for those patients who require hospitalization for more than 1 year and who are deemed treatment resistant.

The Extended Treatment and Rehabilitation Program

- available for patients who require assistance in all aspects of their care, and for those long term patients who require supervision with activities of daily living and who may require a closed area.

The Community Preparation and Forensic Rehabilitation Program

- provides care and treatment services for those patients admitted to Selkirk Mental Health Centre, or transferred from other Centre Programs, who require rehabilitation for approximately 1 year to work on specific life skills development prior to discharge, and for long term patients who have been found by the Justice System to be unfit to stand trial and who are deemed not criminally responsible due to a mental illness.

This program continues to operate two community residences, one which is fully staffed and is licensed by the Office of Residential Care. These community residences assist patients, as well as clients referred from community mental health workers, prepare for their future in alternative community settings to acquire the essential skills, which will allow them to return to the community living situation that will best meet their needs. The service also offers residential living and life skills programming for patients and day patients from the Centre and from the community.

Treatment services in all programs are provided by multi-discipline treatment teams, consisting of psychiatrists, general practitioners, psychologists, social workers, occupational therapists, psychiatric nurses, recreational therapists, pharmacists and a chaplain.

During 1999/00 the Centre further supported its Continuous Improvement Program by establishing a process for Indicator Development. It is expected that this process will assist the Centre to measure its effectiveness in implementing this ongoing program.

The annual Program Evaluation Survey indicated that patients and discharged patients, and family members of patients, were satisfied with the care and treatment provided at Selkirk Mental Health Centre. The survey resulted in patients' families and discharged patients advising program staff where improvements in programs would assist patients. The Centre has reviewed these suggestions and incorporated the suggestions into the Selkirk Mental Health Centre's Business Plan.

As well as participating in Program Evaluation annually, the patients continue to advise Selkirk Mental Health Centre on the processes for improved patient care and services through the Patients' Assemblies in each program and at the Centre-wide Consumer Advisory Committee.

Other major initiatives by Selkirk Mental Health Centre during 1999/00 included:

- The completion of the gazebo for patient use in the Community Preparation Program.
- Further developments in understanding psychosocial rehabilitation.
- The implementation of workshops on cultural diversity for all Centre staff.
- Preparation for and implementation of Y2K plans.
- The development of the Selkirk Mental Health Centre Archives Committee, charged with the responsibility of preserving the history of Selkirk Mental Health Centre, associated artifacts and written information.
- The opening of the Canteen (Sunflower Café) at the Centre, in partnership with the Selkirk Support Centre and the Interlake Regional Health Authority.
- The implementation of a Three Week Repeating Schedule, for staff who work shifts in programs.
- The participation of patients at the Centre in the Provincial Elections process.
- Establishment of a process for the Centre to be involved as a pilot tests site for the Resident Assessment Inventory - Mental Health, a project that is international in nature.
- The submission of a Development Plan for the future of Selkirk Mental Health Centre.
- Achieving a three-year CCHSA Award, as a result of an accreditation visit in October 1999.

3(d) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	18,348.3	416.10	18,425.9	(77.6)	
Other Expenditures - Grants/Transfer Payments	3,339.1		3,326.9	12.2	
Total Other Expenditures	3,339.1		3,326.9	12.2	

Emergency Health and Ambulance Services

Educational Services Program

Training programs for Manitoba emergency medical response personnel have been developed to different levels of patient care. These programs are delivered by a variety of methods, which are mandated by the Standards and Licensing Section of Emergency Services. The Emergency Medical Responder program is a 90-hour skill oriented training program, which is delivered by certified instructors at the local ambulance service level. Maintenance of the EMS system instructor network is provided by the Manitoba Emergency Services College on behalf of the Office of the Fire Commissioner through a contract with Manitoba Health. Public access Emergency Medical Responder programs are available through Red River Community College, Herzing Career College and the Emergency Services College in Brandon.

The Emergency Medical Technician 1 (EMT 1) program is delivered in several program formats through regional training centers as well as on campus at the Manitoba Emergency Services College. The Manitoba Emergency Services College under contract with Manitoba Health provides program delivery. The City of Winnipeg provides EMT Level I, II and III training to their ambulance personnel, which is recognized by Manitoba Health. The Manitoba EMT I program and all levels delivered by The City of Winnipeg Ambulance Department are fully accredited by the Canadian Medical Association. A Manitoba Health Emergency Services licensing exam team has been formed to evaluate graduates from all programs at either the EMR or EMT 1 level prior to issuance of a license to practice emergency medical response in Manitoba.

Numerous advanced medical training modules have been developed and must be accessed through an EMS Medical Director.

Emergency Aeromedical Services - Lifeflight Air Ambulance

Lifeflight provides safe emergency aeromedical transportation for seriously ill and injured Manitoba residents from rural and northern Manitoba to Winnipeg referral centers. During 1999/00, Lifeflight transported 491 seriously ill patients in-province and 82 patients to out-of-province hospitals.

The Lifeflight program serves all areas of the province; all Manitoba residents are potentially eligible. The primary role is to provide safe, long distance interfacility transport of the seriously ill and injured within the province. Lifeflight links to tertiary health centers by the addition of Emergency and Intensive Care Physicians for in-province aeromedical transport and consultation.

Lifeflight is staffed with 7 Registered Nurses with education and experience in Emergency and Intensive Care nursing. These nurses have advanced training, which includes aeromedicine, altitude physiology, advanced cardiac life support, trauma nursing and aviation ground school.

The dedicated air ambulance aircraft is a Cessna Citation SII jet which is specifically equipped for emergency patient care. Some 45 communities with suitable airfields throughout the province are potentially accessible to the service, depending on weather conditions.

Disaster Management

The primary mission of Manitoba Health's Disaster Management Branch is to make sure the health care system is capable of providing a co-ordinated and effective response to the health needs of Manitobans during a disaster. The Branch will provide a comprehensive emergency preparedness program in support of this mission. In the event of an emergency or disaster, it is responsible to co-ordinate the Manitoba Health response with the Regional Health Authorities response and other federal, provincial departments, agencies and organizations.

In the fiscal year 1999/00, Disaster Management met its mandate through:

Emergency Response Plan development:

- Completion of a Manitoba Health Emergency Response Plan
- Provision of support to RHAs to initiate plan development within the RHAs

Operational Planning:

- Co-ordination of the development of Manitoba Health Pan American Games disaster plans, and subsequent co-ordination with D Division RCMP, Office of the Fire Commissioner and Manitoba Emergency Management Organization.

- Development and co-ordination of disaster management contingency plans for the Y2K phenomenon, to ensure the health systems capability to react to a Y2K related event.

Operational Response:

- Maintains a 24-hour, 7 days a week emergency monitoring and response activation capability.
- Managed heightened state of immediate readiness for the four weeks of the Pan American Games.
- Provided department co-ordination and support to Northeastman RHA during the Forest Fire evacuation of the communities of Manigotagan and Seymourville and Hollow Water. This included co-ordination of health system activities with other involved Manitoba Government departments.
- Support to Burntwood RHA during the Forest Fire threat in the Cross Lake area. This included co-ordination of Health system activities with other involved Manitoba Government departments.
- Management of immediate readiness for Y2K event during the critical roll over period December 31, 1999 to January 3, 2000.

Disaster Management Strategic Planning:

- Initiated a comprehensive review of disaster management program and strategy as they apply to the health care system.
- Initiated the development of disaster management standards and expectations for the health care system.

Management of Federal Emergency Health Stockpile:

Disaster Management Services is responsible to oversee the program in Manitoba, which includes the management of a stockpile of federal emergency health supplies valued at approximately $4.5 million. These supplies range in size and contents from first aid supplies to complete 200-bed emergency hospitals. The components are pre-packed and pre-positioned at locations across the province. Disaster Management Services participated in a national review of the Federal Emergency Health Stockpile and reviewed the local management and distribution of the stockpile.

3(e) Emergency Health and Ambulance Services

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	960.4	18.00	1,005.2	(44.8)	
Other Expenditures	3,834.6		3,694.2	140.4	
- Grants/Transfer Payments	9.8		51.9	(42.1)	
Total Other Expenditures	3,844.4		3,746.1	98.3	

Public Health and Epidemiology

A Public Health approach to improved health status reflects the use of organized efforts of society to control and prevent disease and promote health, especially when the health of the population is at risk.

The Public Health Branch is responsible for public health surveillance, policy and strategy and the Cadham Provincial Laboratory as well as the administration of specific provincial public health programs. These include the communicable disease control and biologics program, diabetes, food safety, and water fluoridation.

The Branch has consultation and regulatory responsibilities relevant to the administration of The Public Health Act and other public health issues. Staff co-ordinate and consult on Public Health strategy and issues. The Branch works closely with the Office of the Chief Medical Officer of Health, regional Medical Officers of Health, and other regional public health practitioners, such as public health nurses and health inspectors.

Provincial Epidemiologist

The Provincial Epidemiologist provides primary medical leadership and coordination of an active program of epidemiological research and analysis directed at assessing and analyzing health status and trends, health determinants, and the effects of population-health based health activities for Manitoba Health. Further, the Provincial Epidemiologist provides leadership to health policy, programs and service delivery in areas which require epidemiological support – e.g. applied epidemiological research, methodological and technical expertise, surveillance, public health control programs for communicable and non-communicable diseases.

Epidemiology

The mission of the Epidemiology Unit is to provide a scientific basis for the prevention and control of disease and the promotion of the health of Manitobans through the application of epidemiologic research and methods.

The Epidemiology Unit provides the following:

- Applied epidemiologic research - health indicators, health determinants, etiologic research, prevention research, outcomes research;
- Development of epidemiologic information systems, tools and methodologies for population health assessment and reporting;
- Facilitation in the use of epidemiology in policy development, program planning, and public health practice;
- Epidemiologic consultation to public health initiatives; ie. Surveillance, community health needs assessment, etc.
- Education and training in epidemiology and statistical analysis - applied and academic training;
- Strengthening of Manitoba Health's capacity in epidemiologic research by creating productive collaborations between Manitoba Health, Regional Health Authorities, other Government Departments, the University of Manitoba and other institutions and organizations, both national and international;

The Epidemiology Unit, through collaboration with external researchers, also undertakes projects of priority to Manitobans, e.g., an assessment of the provincial burden of illness for diabetes, and epidemiological assessment of childhood injuries, etc. The Unit provides the organizing focus for the projects and provides the technological infrastructure. Collaborative project teams, which have been established are: Chronic Illness (Diabetes and Cancer); Perinatal Health, Communicable Disease Control and Injury Prevention.

The Epidemiology Unit has documented and catalogued research initiatives and/or projects that have been undertaken since the inception of the Unit. These projects include surveillance, applied epidemiological research methodological and technical innovation development and significant epidemiologic consultation.

Diabetes and Chronic Diseases

The Diabetes and Chronic Diseases Unit is responsible for coordinating the response to the major epidemic of Type 2 diabetes in Manitoba. The Unit also establishes the provincial direction for the development of primary prevention strategies for chronic diseases in Manitoba.

In 1999, a Minister's Advisory Committee on Diabetes was established. The Advisory Committee is structured to reflect a broad range of expertise and skills relative to address the five elements of diabetes which are Prevention, Education, Care, Research and Support. The purpose of this Advisory Committee is to provide advice regarding the implementation of the recommendations identified in the *Diabetes: A Manitoba Strategy*. The Diabetes and Chronic Diseases Unit facilitates and coordinates the activities of this committee.

The Unit continues to be programmatically responsible for the 12 community-based Diabetes Education Resource (DER) Program centers which are located throughout the province. At each center, a nurse and dietitian provide a comprehensive education program along with reassessments and ongoing follow-up. Basic program standards and protocols have been implemented in each center and are continuously monitored. The Diabetes and Chronic Diseases Unit provides direction, protocols, policies and guidelines to the professional staff who are responsible for delivery of the diabetes community-based services.

Other major activities of this Unit include:

- Analysis of the DER Program Database;
- Research into the Diabetes Burden of Illness in Manitoba in concert with the Epidemiology Unit;
- Development of a provincial diabetes surveillance and research system in conjunction with the Epidemiology Unit and the National Diabetes Surveillance System;
- Facilitation and coordination of a diabetes eye symposium;
- Implementation of a demonstration project within the Burntwood Regional Health Authority and;
- Development and distribution of Diabetes Care Recommendations for use by health professionals in Manitoba.

Establishment of partnerships have been established between Manitoba Health and the following groups to address implementation of joint diabetes initiatives:

- First Nations groups, organizations, associations and councils
- Regional Health Authorities
- Health Canada
- The academic sector
- Non-government organizations, (example; Canadian Diabetes Association and the Canadian National Institute for the Blind).

Communicable Diseases

The objectives and activities of the Communicable Diseases Control (CDC) Unit are guided by its Mission Statement; to promote, support and facilitate the prevention and control of communicable diseases. These diseases are both vaccine and non-vaccine preventable diseases, including HIV/AIDS and sexually transmitted diseases.

A primary responsibility of the CDC Unit is to develop provincial policy, standards and strategies for communicable disease control. The Unit is responsible for surveillance of communicable diseases, identifies and responds to epidemiologic trends and works closely with regional health jurisdictions to facilitate a prompt and coordinated response to outbreaks, new diseases and the routine investigation of diseases designated as reportable by the *Public Health Act*.

The CDC Unit monitors the immunization rates of children via the Manitoba Immunization Monitoring System (MIMS), providing statistical information which is important to program planning and delivery.

Projects Introduced:

- Amendment to the Regulations under the Public Health Act (M.R. 338/88R) for notifiable diseases.
- Provision of hepatitis A and B vaccines to persons with hepatitis C
- Improved monitoring of the vaccine cold chain during distribution in Manitoba
- Enhanced influenza vaccination program
- Implementation of the Post-Exposure Protocol to blood and body fluid exposures.
- Seminars to improve STD control.
- Release of guidelines to control VRE and MRSA.
- Resumption of regular CDC surveillance reports.
- Implementation of the first phase of the integrated and coordinated model for HIV/AIDS services
- Process to develop a provincial STD Strategy

Reviews/Reports Completed

- Notifiable Diseases Manitoba - CDC Unit Annual Review 1997.
- Tuberculosis control Report (Internal Audit and Consulting Services).
- Manitoba Tuberculosis Program Review (in collaboration with Medical Services Branch and the Sanatorium Board).

Research in Progress

- Hepatitis B and C enhanced Surveillance Project.

Environmental Health

The Environmental Health Unit responds to biological, chemical or social health threats to the public. The Unit manages several programs including Environmental Health, Food Protection, Tobacco Control and Dental/Oral Health. A Public Health Response Co-ordinator coordinated the public health response to the Pan Am games. The Unit was extensively involved in the planning and educational aspect of the Games.

The Environmental Health Section is responsible for providing centralized support services to the Regional Health Authority staff in the areas of environmental health, toxicology risk assessment, microbiology and epidemiology. Provincial Environmental Health strategies and standards are being developed for drinking and recreational water safety, air quality and soil contamination.

Consultation for Health Threats

Responses to known, emerging and potential environmental health threats which pose a health risk to Manitobans as well as management of immediate threats, e.g. carbon monoxide poisoning in arenas and protozoan parasites in municipal drinking water supplies, are coordinated by the Environmental Medical Officer of Health.

Food Protection

Food Protection Programs provide the public with a safe food supply by reducing the risk of foodborne illness due to chemical, microbiological, or other forms of contamination. Program goals are achieved through research, education, monitoring investigation, and regulation. Current initiatives are directed to creating greater harmonization and uniformity in food quality standards.

The Meat Inspection Program is designed to provide a safe and healthy meat supply to Manitobans through pre and post mortem examination of animals and inspection of physical facilities. During 1999/00, 28 slaughterhouses were operating under the Federal/Provincial Meat Inspection Agreement.

Manitoba Health co-ordinates food handler training with Assiniboine and Keewatin Community Colleges and public health inspectors with Manitoba Conservation.

Manitoba Health has been participating with other federal/provincial/territorial agencies to develop uniform and harmonized food standards and food inspection in Canada.

Tobacco Control

The department continues to support the provinces program enforcing provisions in The Non-Smokers Health Protection Act prohibiting the sale of tobacco products to minors. In 1999/00, 1,627 retailers were checked for compliance, 97 were issued tickets for selling tobacco to a minor and 17 were charged under federal Legislation.

The Environmental Health Unit staff participated in development of a Provincial Tobacco Reduction Strategy document that will be used to undertake stakeholder consultation in 2000. It is anticipated that increased activity in the area of tobacco use reduction will be based on recommendations contained in the strategy document.

Oral Health

The goal of the Dental/Oral Health Unit is to promote policies and community-based programs aimed at optimizing dental and oral health for all Manitobans and to enhance adoption of positive dental health behaviour and practices.

The Senior Dental Consultant facilitates and consults with the Regional Health Authorities for the establishment of programs and projects. Partnerships with private associations and academic facilities help to guarantee evidence-based policy development.

Dental Health staff undertakes reviews and monitors trends in dentistry to facilitate and implement the development of a Provincial Oral Health Strategy.

The Community Water Fluoridation Program is funded and facilitated by Department staff. In 1999/00, 66 communities were fluoridating their water systems, representing 95% of the population on a public water supply (approximately 770,000 Manitobans). Three communities were awarded monies to upgrade systems.

During this fiscal year, an Agency grant was awarded to St. Amant Centre for a resident dental care program. St. Theresa Point Nursing Caries Project was completed. Activities continued in order to develop a needs assessment survey tool.

A process of developing an Omnibus Dental Disciplines Act for Manitoba continues.

Public Health Act

This Unit has lead the review of The Public Health Act, a responsibility transferred to the Public Health Branch in 1998.

A complete review and re-write of The Public Health Act has been underway since 1994. A first draft of the new legislation has been completed and the next steps include production of a discussion document and public consultation process. Staff in the Environmental Health Unit will continue to manage the review as it proceeds through the various steps necessary to become new legislation.

Public Health Branch Co-ordinator for the Pan American Games

The Pan American Games were the largest celebration of sport and culture ever staged in Canada and the third-largest multi-sport event ever held in North America. To promote the health of all Manitobans and Pan Am Games spectators, Public Health took a lead role in organizing a collaborative, comprehensive, consistent and coordinated approach to prevention and management of public health issues during the Pan Am Games. The primary objectives of the public health response included: early detection and rapid response to disease outbreaks or unusual increases in health conditions; prevention of heat related illnesses; prevention of food-borne and waterborne infectious diseases; assurance of a timely, high quality medical response to individual emergencies and casualties; and promoting healthy lifestyle choices and other preventive messages. An enhanced surveillance system was developed and used to monitor health trends of spectators and the general public and Manitoba's current public health system enabled a rapid response to identified public health issues. Pertinent health promotion information for athletes and spectators was produced and distributed in collaboration with National and International public health representatives.

3(f)1 Public Health and Epidemiology

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	1,774.4	29.75	1,793.8	(19.4)	
Other Expenditures	7,890.6		8,781.5	(890.9)	1.
- Grants/Transfer Payments	176.6		238.1	(61.5)	
Total Other Expenditures	8,067.2		9,019.6	(952.4)	

Explanation Number:

1. *The under-expenditure is primarily due to the timing of the Hepatitis A, Hepatitis B and Influenza projects, in addition to decreased activity in the Diabetes and Chronic Disease Program.*

Cadham Provincial Laboratory

The Cadham Provincial Laboratory (CPL) has served Manitobans as their Public Health Laboratory since 1897. It has the sole responsibility in the Province for several province-wide public health and diagnostic services. CPL also provides reference and consultative services to Manitoba and other regions and is the central reference microbiology laboratory for the Province.

Cadham Provincial Laboratory is the 'early warning system' for the Minister of Health to warn of impending outbreaks. This allows the Province to be proactive, rather than reactive, to public health concerns.

There are five distinct labs within CPL; Clinical Microbiology, Virus Detection, Serology/Parasitology, Metabolic Diseases and Public Health Chemistry and Quality Assurance.

The Clinical Microbiology lab supports provincial public health programs such as the investigation of food borne illness (e.g. hamburger disease) and the sexually transmitted disease (STD) program. This lab is actively involved in developing molecular techniques to improve isolation, identification and surveillance of antimicrobial resistant and uncommon and fastiduous organisms. Toxin testing aids the diagnosis of disease caused by the agent causing hamburger disease.

The Virus Detection lab is responsible for routine viral detection and provincial and national surveillance for viral respiratory (influenza, parainfluenza, etc.), enteric (rotavirus, etc.), and sexually transmitted diseases (herpes, etc). The lab provides strain information and primary isolates to the Laboratory Centre for Disease Control, to prevent the circulation of vaccine preventable diseases. To facilitate treatment of immuno-compromised persons (HIV infected and transplant recipients), the Virology lab aids in the detection of viral infections. Research and development of new techniques (typing to establish source and etiology of outbreaks) have been implemented in response to the changing needs of Manitobans and Public Health.

The Serology/Parasitology lab provides support for the Provincial Prenatal Programs (screening for syphilis, hepatitis B and rubella). It also performs serodiagnostic testing for viral and bacterial diseases (HIV, hepatitis, Legionnaire's disease, herpes, Lyme disease, H. pylori gastritis, etc.). A viral load PCR test has been introduced for the management of HIV patients and their treatment. Hepatitis C testing continues to increase. A rapid callback service is provided for organ transplant screening. Emergency testing is performed during working hours for needlestick injuries. This lab is actively involved in surveillance by the monitoring of Western Equine Encephalitis infections in the environment, as well as new and emerging diseases (e.g., West Nile Virus). Seroprevalance surveys and vaccine efficacy studies are also part of their function. The molecular diagnostics section of this lab actively supports physicians in the management of their patients.

The Metabolic Diseases and Public Health Chemistry lab tests all newborns for specific inborn errors of metabolism. It also screens maternal sera for the prenatal detection of fetal open neural tube defects and fetal Down's syndrome. This province-wide program is run in conjunction with the Human Genetics Department of the University of Manitoba. The Serum Cholinesterase Program monitors pesticide operators for exposure to organo-phosphates and carbamates. Other public health chemistry testing in the lab supports management of chronic disorders, like hyperlipidemia and diabetes.

The Quality Assurance lab provides CPL and rural labs in Manitoba with quality control of microbiology laboratory tests and high quality media. It also provides the infrastructure and expertise for CPL accreditation by the College of American Pathologists (CAP), and participates in accreditation of other labs in Canada and the USA.

The Information Section provides support services for the Clinical Microbiology, Virus Detection, Serology/Parasitology and Quality Assurance labs. It allows health care providers the ability to retrieve data important for the prevention and management of communicable disease control, from a database established in 1984.

3(f)2 Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	3,950.4	89.28	4,080.0	(129.6)	
Other Expenditures - Grants/Transfer Payments	3,246.9		3,325.2	(78.3)	
Total Other Expenditures	3,246.9		3,325.2	(78.3)	

Chief Medical Officer of Health

The Chief Medical Officer of Health is responsible for developing policy and standards for public health practice and to discharge, in conjunction with the Public Health Branch and the Regional Health Authorities, the Department's responsibilities as outlined in The Public Health Act. This Office assists in the development and articulation of healthy public policy and acts as a major spokesperson for the Department on public health matters.

Public Health has been established as a strategic direction and there are continuing efforts to reinvest in this area. In particular, this Office is developing a framework to report on the health status of Manitobans and to assist in the development of strategies that improve, promote and protect the health of all Manitobans.

The Chief Medical Officer of Health is responsible for the professional direction and support of a team of regional Medical Officers of Health (MOH) who work as members of regional public health teams to assure that public health programs are carried out across the province in a consistent fashion. Capacity to flow and analyze data to assist in the management of these programs is being developed in conjunction with the Epidemiology Unit and the Public Health Branch. The MOH team has input to healthy public policy development through the Office of the Chief Medical Officer of Health.

Tasks underway include work on a report on the health status of Manitobans.

3(g) Medical Officers of Health

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	950.1	12.00	1,250.8	(300.7)	1.
Other Expenditures - Grants/Transfer Payments	144.2		51.1	93.1	2.
Total Other Expenditures	144.2		51.1	93.1	

Explanation Number:

1. *The under-expenditure is due to four vacant positions.*
2. *The over-expenditure is related to professional services in lieu of vacant Medical Officer positions and other miscellaneous expenditures.*

Health Programs

The Health Programs Branch of Manitoba Health leads in the development and support of provincial health strategies for priority populations through the application of population health determinants and cross-sectoral and cross-jurisdictional action. Health Strategies include, but are not limited to, a range of products such as policies, programs, standards, regulations, recommendations, reporting protocols, research studies, evaluations, service agreements, funding models.

Summary of Activities

- Connect with other branches of the Department and other departments who have shared responsibility for target groups.
- Establish working committees with appropriate representation to provide a broad focus (acknowledging a multiple policy, program and service perspective) to coordinate provincial strategy activities, and facilitate implementation.
- Define and recommend legislative and policy requirements around programs.
- Communicate legislation and policy framework to Regional Health Authorities.
- Provide critical analysis of information, data, and effective program models to formulate recommendations to improve or develop new programming.
- Promote intra-provincial and cross-jurisdictional collaboration on issues, initiatives and strategies that are held in common.
- Identify changing and emerging needs and ensure policy encompasses changing priorities
- Monitor and evaluate the quality of health services provided to Manitobans.
- Negotiate service agreements with grant funded agencies that include appropriate monitoring processes and evaluation frameworks.
- Provide program support and consultation to Regional Health Authorities for the home care, long term care and mental health programs.
- Work with the Regional Health Authorities in identifying and evaluating the education and training needs of service providers within the health system, and support the development and implementation of appropriate strategies to address those needs.
- Support and assist the Regional Health Authorities to maintain current, relevant and accurate health information.
- Support the development of a provincial patient and client complaints process.

Aboriginal Health

The Aboriginal Health Unit acts as the key resource with respect to all areas of service, policy, and initiatives that involve the Aboriginal community. Activities also include liaison with other provincial jurisdictions and territories as well as other jurisdictional authorities.

The development of relationships and partnering with the Federal government and other departments of Manitoba is ongoing. A pilot project to meet the needs of First Nations Children with Complex Medical Needs has been negotiated with Federal Departments, First Nations and the Government of Manitoba. As well, an inter-sectoral process is underway to determine recommendations for the future delivery of services to this target group. Additional projects for a streamlined approach of service delivery for populations normally serviced by the federal government are being developed.

The Aboriginal Health Strategy was initiated in June 1999, with the primary intent to establish a strategic direction to improve the overall health and well being of the Aboriginal population. A fundamental premise of the strategy is that: a) healthy Aboriginal citizens are important to the overall quality of the economic, social and cultural life of Manitoba; b) a population health approach ensures a wholistic approach to the development of future plans to meet the need of Aboriginal people; c) building partnerships with Northern communities, First Nations, the regional health authorities and the Federal government. In October, Manitoba Health established an Aboriginal Health Strategy Working

Group with representatives of branches within Manitoba Health to ensure the development and implementation of Aboriginal health strategies and initiatives in Manitoba. Within the next fiscal year, this Working Group will be establishing an inter-departmental working group and a community advisory working group to ensure multi-departmental participation in initiatives and to ensure stakeholder input in the development of initiatives.

In the past year, Manitoba Health has been involved in numerous issues of concern facing Aboriginal communities. These include, but are not limited to: governance issues; the establishment of personal care homes, home care and long term care programs, midwifery, dialysis, diabetes education, physician and nursing service provision, mental health, spiritual care, wholistic and tertiary care, patient transportation services, emergency transportation services, training of resource people for these services and promoting the training of Aboriginal health professionals.

Specific projects in progress include:

- Norway House First Nation – establishment of dialysis services on reserve in the federal hospital
- Nelson House (Nisichawayasihk) – establishment of a personal care home in the community
- Manitoba Keewatinowi Okimakinak (MKO) and Northern Medical Unit – provision of physician services
- Aboriginal Health and Wellness Centre – establishment and ongoing development of this demonstration project in the City of Winnipeg; project in final stages of program evaluation
- Southern Chiefs Organization – consultation in establishing a protocol for working relationships between levels of government
- Island Lake Tribal Council – establishing dialysis and other health services within the geographic area
- Sandy Bay First Nation – working with First Nations and the regional health authorities to enhance diabetes services and the services to seniors and the disabled
- Swampy Cree Tribal Council – continuing to work with the communities in the delivery of nursing services
- Northern Nursing Stations – nurses wage reclassification
  rent/utility subsidy for nurse residence
  regular ongoing community meetings
  Primary Care Skills Course funding secured
  Term positions converted to permanent positions
- Federal/Provincial – historical establishment of intergovernmental working relationship
- Bayshore Health Care – contract nursing services to ensure critical services are provided

Women's Health

In response to women being a priority population of Manitoba Health, the Women' s Health Unit was established in January 2000 with the hiring of the Director. The Unit acts as a resource to promote a health care system that is sensitive to the needs of women by working within government and liaising with Regional Health Authorities, community groups and other health care providers.

Since inception, the Women's Health Unit has been focusing on working with the Manitoba Women's Directorate on setting the direction for women's health that reflects Government's priorities next fiscal year.

Accomplishments and significant ongoing activities related to women's health undertaken by Health Programs and other areas of the Department for this year include:

- **Breastfeeding** – The Coordinating Committee for Implementation of Baby Friendly was created including representatives from each Regional Health Authority. The Baby Friendly Initiative is an international program established by World Health Organization and UNICEF to promote, support and protect breastfeeding as the optimum for infant nutrition worldwide. Each Regional Health Authority received training materials on breastfeeding management and promotion.

- **Breast Health** - The Winnipeg Regional Health Authority Breast Health Centre opened at a new location and provides a full range of diagnostic and assessment services in one location. As well, the Breast Cancer Risk Assessment and Counselling Program provides services to women whom are deemed to be at high risk for developing hereditary breast cancer.
- **Cervical Cancer** – Manitoba Health (Regional Support Services) was actively involved on the Steering Committee, which was initiated by CancerCare Manitoba (previously Manitoba Cancer Treatment and Research Foundation) to develop the comprehensive and coordinated Manitoba Cervical Screening Program.
- **Midwifery** – The Midwifery Unit of the Primary Health Care Branch continued work on the development of midwifery services and relevant legislation which is expected to be proclaimed in Spring, 2000.
- **Mental Health** - Manitoba Health (Health Programs) continued to have representation on the Manitoba Schizophrenia Society Advisory Committee for Women's Health.
- **Pregnancy and Addiction** – Manitoba Health contracted with the Prairie Women's Health Centre of Excellence to conduct a service needs assessment for pregnant women with addictions. The needs assessment will include a profile of existing services for women; through focus groups, will identify barriers to accessing treatment. The study will form the basis for changes to existing programs or the development of new programs to meet the needs of this population group. The work on the study has been completed and the report is being drafted. The final report is anticipated to be provided to Manitoba Health in late Spring 2000.
- **Perinatal Health** - "The Manitoba Perinatal Surveillance Report: 1985-96" was released in March, the result of work undertaken by Manitoba Health Epidemiology Unit: Perinatal Project Team.
- **Osteoporosis** - Manitoba Health (Regional Support Services) continued to have representation on the Provincial Bone Density Committee, which focuses on preparing guidelines and clinical protocols for testing, assessing needs for service and emerging technologies, and monitoring the Bone Density Program.
- **Women's Organizations** - Manitoba Health continued to be actively involved with the women's health agenda and women's organizations through its representation on the Board of the Prairie Women's Health Centre of Excellence as well as the ad hoc Women and Health Reform Working Group.
- **Gender and Health Planning** - The Department received the report *Invisible Women: Gender and Health Planing in Manitoba and Saskatchewan and Models for Progress*, which was released by the Prairie Women's Health Centre of Excellence. Manitoba Health conducted dialogue and discussion with the organization regarding the implications of the study for the Department and began planning the possible implementation of a second phase of the research.

Child Health

Child Health was established to provide leadership and coordination to the development of policies and programs respecting the health of infants, children, and youth in Manitoba. The focus is on a Health Promotion and Wellness approach, although the unit is also involved in activities of a more "acute care" nature. Activities include extensive liaison with other Manitoba Health responsibility centres, with other provincial departments, with RHAs and other community agencies, and with other levels of government.

Significant activities of Child Health in 1999/00 included:

- **Pediatric Speech Therapy (Rural and Northern)** - Manitoba Health allocated $1.1 million dollars for speech and hearing services for children of all ages in rural and RHAs. The funding includes $150.0 allocated to Family Services and Housing, (Childrens' Special Services) for speech therapy for preschool children with life-long disabilities. The enhanced service is available in all rural and northern regions of the province.

- **Promise Years** - This is the final year of a three-year pilot project in South Westman RHA to provide preschool speech therapy assessment and services in cooperation with five School Divisions. While the final report is due in 2000/01, the outcomes reported to date are very positive. Some children are able to complete their speech therapy before beginning school. The project is also demonstrating significant reductions in waiting lists
- **Pediatric Therapy Initiative** - Manitoba Health participated in the *Provincial Therapy Working Group*, which was established, under the lead of Child and Family Services, to develop a coordinated, integrated, system across departments for the delivery of speech-language, physiotherapy and occupational therapy services. The committee also included parents, Manitoba Education and Training, Family Services and Housing and other service providers
- **Special Education Review** - Led by Manitoba Education and Training, and in cooperation with Family Services and Housing, (Healthy Child Initiative and Children's Special Services), and Justice, Manitoba Health has participated in a comprehensive review of the Review recommendations. The focus was on those areas of the report, which have a direct bearing on health care specifically, and on intersectoral issues in general.
- **Asthma Education** - The Child Health Demonstration Project: Asthma Education Program. The final evaluation report for this three-year research project is expected in the next fiscal year. Interim data demonstrates significant reduction in Emergency Room utilization for both children/families who receive asthma education, as well as for the control group.
- **The Aboriginal Health and Wellness Centre (AHWC)** - This is a three-year project (1998/99 to 2000/01), situated at the Aboriginal Centre in Winnipeg. Funding is provided for a primary health clinic, education and outreach and community development using the Medicine Wheel Model to promote the health and wellbeing of the urban Aboriginal community.
- **Family Navigation** - Manitoba Health is a participant with Family Services and Housing and Education and Training in this project. Under the lead of The Healthy Child Initiative, the project is examining ways in which families can access multiple service systems in a more coordinated way. A report on the preliminary finding will be used for a series of focus groups to obtain input from a broader range of families, service providers, and community organizations. Information from these focus groups will be used to lead to recommendations for new ways to deliver services to families whose children have multiple needs.
- **Initiatives to Address Fetal Alcohol Syndrome**-under the lead of the Healthy Child Initiative (formerly CYS), Child Health participates in a variety of activities to prevent FAS and to assist those already affected by alcohol. These activities included a program to work with women at risk of bearing alcohol affected children, an interprovincial Prairie Northern Initiative to share information and "best practices" about FAS, the development of resources for use by physicians, teachers, child care providers and others, and the promotion of prevention initiatives.
- **Baby First** - This home mentoring program for overburdened mothers of newborns is delivered by the RHAs, and is available across the province, under the lead of and funding from The Healthy Child Initiative.
- **Injury Prevention** - Manitoba Health received a proposal from IMPACT (Injuries Manitoba - Prevention of Adolescent and Childhood Trauma). The proposal is a framework to develop a comprehensive injury prevention strategy for Manitoba. The Child Health Committee of Manitoba Health is developing options for an action plan based on the material provided by IMPACT.
- **Adolescent Pregnancy** - Manitoba Health, as a partner department with The Healthy Child Initiative, is contributing to the development strategies to address the issues related to Adolescent Pregnancy. The intent is to enhance public education and prevention initiatives, to identify "best practice" models to address the prevention/pregnancy issues facing adolescents, and to support teen parents and their children.

- **Nutrition** - Manitoba Health, as a partner department with the Healthy Child Initiative, is contributing to the development of a Prenatal and Early Childhood Nutrition Strategy to increase prenatal and early childhood nutrition support. The plan includes such activities as coordinating existing individual programs, placing initiatives into a provincial perspective and integrating activities into a larger interdepartmental and intersectoral context.
- **Joint Management Committee-** Manitoba Health is a member of this federal provincial management committee chaired by Health Canada. The Committee is responsible to oversee the allocation of resources throughout the province for the Community Action Program for Children (CAP-C) and the Canadian Prenatal Nutrition Program (CPNP).
- **National Children's Agenda** - The National Children's Agenda is a federal/provincial/territorial initiative designed to develop a national framework for the support of Canada's children. A public report: *Public Dialogue on the National Children's Agenda - Developing a Shared Vision has recently been prepared based on input from across the country and on agreement among the provincial, territorial, and federal partners.* There is also agreement to place an emphasis on programs related to early childhood development; details and mechanisms are currently being negotiated. Manitoba Health is an active participant in this process.
- **Regional Health Authorities** - Child Health provides information to and receives recommendations from the Vice-Presidents and other managers of RHAs aimed at increasing the range of services and access to these services, and jointly considering options for action to improve the health status of Manitoba children.

Seniors Health

The Health Programs Branch continued to work with the Regional Health Authorities, seniors and others to create and develop resources for seniors. For example, Health Programs approved the expansion of Adult Day Care resources in the Regional Health Authorities.

Health Programs also continues to monitor and review non-government agencies in receipt of government funding for seniors programming.

During 1999/00, staff continued to participate at an advisory and committee level with the Centre on Aging Advisory Committee, the Aging in Manitoba Longitudinal Study, Prairie Women's Health Research Project on Informal Caregivers and a variety of other short term committees. The staff provides advice, consultation and information related to policy and programs for seniors to Department and government staff, community organizations, educators and the general public.

Long Term Care

On June 29, 1998, *The Health Services Insurance Amendment Act* received Royal Assent. This Act contains amendments which will move the power to license personal care homes under *The Health Services Insurance Act*. Previously Personal Care Homes were licensed under *The Public Health Act*. New Standards for personal care homes have been developed, and the new standards regulation will come into effect once the consultation process is complete. To introduce the new standards into the personal care homes, Manitoba Health staff will be conducting annual evaluations of a number of the proposed new standards each year using identified performance measures. In the coming year standards relating to Resident's Rights, Safety and Security Issues, Emergency Preparedness, and Administration will be evaluated. It is intended that all the standards will be evaluated through reviews made in subsequent years. Once this evaluation process has been completed, the new standards regulation will come into effect and the issuance of new licenses will be dependent upon compliance with the regulatory standards.

Manitoba Health and the long term care system, identified the need for a more sensitive, standardized classification system to assess resource and funding requirements on the basis of residents care needs in personal care homes. The Minimum Data Set (MDS) is a standard international classification system (now used in 16 countries) with research capabilities to allow cross country analysis and comparisons. Manitoba Health has tested the applicability of the MDS tool in the Manitoba health care environment. The MDS will provide the Manitoba Health Care System with standardized, electronic assessment tools for Long Term Care. It is intended that the MDS will be implemented in a number of rural Personal Care Homes in the near future.

During 1999/00 the following activities have been completed or are in process:

- The Personal Care Home Policy/Standards Manual has been completed and is to be printed and distributed to the Regional Health Authorities and Long Term Care Facilities
- Performance indicators have been developed and shared with the Regional Health Authorities for the standards evaluations of the personal care homes that are to be done this year
- A report has been completed with recommendations for a policy framework for Chronic Care
- A working group has been established to develop policy frameworks relative to safe oral feeding practices, management of choking incidents and management of dysphagia for residents of personal care homes
- A report has been completed with recommendations pertaining to special care units in personal care homes; and
- An Alzheimer Strategy Committee has been established to make recommendations for optimal Alzheimer and related dementia care, prevention, education, research and support in Manitoba.

Home Care

The Health Programs Branch is responsible for Home Care policy development and interpretation, standards development, monitoring and trend analysis, research into best practice, and consultation and liaison.

- Manitoba Health participated in the celebration of the twenty-fifth anniversary of the provincial Home Care Program in Manitoba. A reception was held at the Legislative Building to honour founders and builders of Home Care in Manitoba as well as those Manitobans with 25 years of service in the Home Care Program.
- During 1999/00 Health Programs Branch staff worked with the Standards Development Branch of Manitoba Health, and with a Manitoba Health Liaison representative, on the development of formal Expectations and Measures requirements for Home Care. As of the end of the year this work was still ongoing.
- The Manitoba Health Home Care Information Systems Pilot Project continued. The Pilot will provide a comparative evaluation of two assessment systems for Home Care; Screening, Assessment and Care Planning Automated Tool) SACPAT and the InterRAI Minimum Data set-Home Care (MDS-HC) in order to identify a solution that best meets the needs of the Manitoba Home Care Program. The project involves 15 Home Care sites in Winnipeg. An evaluation of the project, funded in large part through the Federal Government's Health Transition Fund, is due September 30, 2000.
- Supportive Housing is a care model developed by Manitoba Health to extend community care for persons otherwise requiring care in a personal care home. Supportive Housing provides personal support services and essential homemaking in permanent, grouped and community housing settings. The residents are frail and/or cognitively impaired elderly persons or persons with physical disabilities whose service requirements justify the need for 24 hour on site assistance.
- Four supportive housing pilot projects were approved for Winnipeg to be managed by the Winnipeg Regional Health Authority. The Center on Aging at the University of Manitoba is conducting the evaluation of the pilot projects. Phase one – the evaluation of the first two sites – has been completed. Phase two is currently underway. An additional site was added in Winnipeg by Lions Manor at their adjacent 333 Maryland location.

- Family-Managed Care was formally approved by Manitoba Health as a Home Care option to be delivered by the Regional Health Authorities. Family Managed Care is a variation of Self-Managed Care which allows eligible clients to take responsibility for directly managing their own non-professional health services; services which would otherwise be provided directly though the Home Care program.
- Branch staff provided consultation to the Regional Health Authorities on a number of policy issues including portability and offsite services issues. Staff also attended a limited number of Home Care Appeal Panel meetings where there was a request for clarification and interpretation of Home Care policy.
- Branch staff participated in a number of provincial and federal committees and work groups on a range of topics including expectations and measures, business planning, and Aboriginal Home Care. National Home Care issues included the scope of provincial Home Care Programs, financial issues, human resources, supportive housing, informal caregiving, performance indicators and information standards issues. Branch staff also participated in a major survey initiative of the Federal/Provincial Territorial Committee on Continuing Care which looked at the incentives/disincentives in Funding Approaches for Continuing Care.

Medical Supplies and Home Care Equipment Programs

The Health Programs Branch is responsible for establishing program policy and standards for the provision of Home Care Equipment and Medical Supplies under the Home Care Program, the Manitoba Ostomy Program and the Manitoba Community Wheelchair Program. Through the Medical Supplies and Home Care Equipment Program, the Regional Health Authorities provide a limited range of medical supplies and equipment to eligible Home Care clients to support the client's care plan.

- A Manitoba Ostomy Product Review Committee and a Provincial Home Care Medical Supplies and Equipment Committee review the range of supplies and equipment available through these programs and oversee quality assurance functions through product evaluations. The Health Programs Branch continued to provide interim support while MB Health and the Regional Health Authorities worked on a plan for the Regional Health Authorities to take full responsibility for these committees. The Committee developed a framework and guidelines for product evaluation.
- Branch staff continued to participate in the committee overseeing the Home Oxygen Program. Oxygen concentrator services continued to be made available to all eligible Manitoba residents requiring life-sustaining oxygen and meeting the eligibility criteria of the Home Care Program. Oxygen concentrator services were provided by Rimer Alco North America (RANA-Medical). The service contract with RANA-Medical was assumed by the Regional Health Authorities of Manitoba (RHAM) Inc. during 1999/00.
- The Health Programs Branch continued to administer the acquisition of manual and motorized wheelchairs for the Manitoba Community Wheelchair Program. The Society for Manitobans with Disabilities (SMD) is grant funded by Manitoba Health to distribute, recycle and service wheelchairs purchased by government for long term loan to Manitobans residing in the community. Negotiations continued with SMD to develop deliverables within a service agreement.
- Health Programs conducted a cross Canada comparison of Wheelchair Programs in 1999/00. A consultant Occupational Therapist also assisted in a review of the eligibility and assessment criteria and evaluation guidelines for the provision of manual and motorized wheelchairs. As of year end revised and updated guidelines and forms were being tested in the community.

Palliative Care

The Health Programs Branch is responsible for development of the community component of the provincial palliative care initiative. The Regional Health Authorities were funded to support program planning and implementation of this core health service. During 1999/00 development work occurred with a number of stakeholders and work began on the development of provincial expectations and measures for this core service. A primary focus in palliative care will be the development of community care options supported by appropriate facility services. Funding in Winnipeg supported positions for a program director and a medical director along with the redevelopment of the St. Boniface Hospital palliative care inpatient unit. Proposals for the further development of regional health authority programs are planned for next year.

Adult Mental Health Services

During fiscal year 1999/00, the following objectives were prioritized for mental health:

- To assist the Regional Health Authorities in implementing the remaining approved mental health reform initiatives throughout the Province; and
- To provide central functions and operations of mental health within the Department, in particular, standards development and monitoring, evaluation, and the identification of best practices in mental health to support RHAs and provincial programs in the delivery of services.

Major accomplishments and ongoing activities for 1999/00 included:

- The opening of the community based, consumer-directed Clubhouse for mental health consumers in Winnipeg.
- The opening of a new adult inpatient psychiatric unit in Thompson, and continued planning for the openings of new adult inpatient psychiatric units in The Pas and Portage la Prairie which are scheduled for the upcoming fiscal year.
- Provided funding for self help organizations throughout the Province to deliver mutual aid and support services as well as funding for consumer empowerment training.
- Assisted the Selkirk Mental Health Centre in further refinement and development of its role as the long-term care psychiatric facility in the Province.
- Consulted with RHAs regarding the recruitment of mental health service providers and other tasks associated with program development.
- Continued consultation with RHAs regarding the need for entry level and ongoing training of mental health service providers.
- Continued planning and development of a revised provincial Mental Health Information Management System and Minimum Data Set for coordinated entry and analysis of mental health services on a province-wide basis.
- Participated in the design and implementation of a comprehensive caseload review project with the Regional Health Authorities, intended to advise Community Mental Health caseload management.
- Collaborated with Manitoba Health Standards Development Branch in the development of Expectations and Measures regarding mental health services in the province.
- Assisted in planning of an evaluation of psychosocial rehab services in Western Manitoba.
- Assisted in the review of Special Needs Areas in Manitoban personal care homes.
- Participated in planning for the development of provincial Alzheimer strategy.
- Continued consultation with the Regional Health Authorities re psychogeriatric service planning and coordination including assistance with recruitment.
- Participated in planning toward the development of a provincial Eating Disorders Day Program.
- Participated in planning toward the development of a Program for Assertive Community Treatment (PACT) in Winnipeg.
- Participated in planning an inter-departmental review of supported employment programs for persons with disabilities.
- Participated in the development of inter-departmental processes related to the new federal/provincial Employment Assistance for People with Disabilities (EAPD) agreement.
- Continued inter departmental development of recommendations related to individuals with Special Needs
- Continued participation on Federal/Provincial/Territorial Advisory Committee on Mental Health;
- Continued partnerships and collaborative work with Regional Mental Health Councils, Provincial Advisory Committee on Mental Health, hospitals, community organizations as well as other

departments of the Province of Manitoba such as Justice, Family Services, Housing and Education and Training.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services is comprised of the following components: rural/northern community mental health workers for children and adolescents (C.M.H.W.C./A.), the Youth Suicide Information Centre, and contract psychiatrists who consult to child support systems and teach in the Advanced Certificate in Community Child and Adolescent Mental Health Program. The responsibility for the C.M.H.W.C./A workers and the provision of direct services is the responsibility of the Regional Health Authorities.

Community Mental Health Workers for Children/Adolescents

Community mental health workers, functioning as members of the Regional Health Authorities mental health team, provide mental health services to children and adolescents (0 - 18 years) and their families in designated geographic areas. These staff promote the mental health of children and adolescents through assessment/treatment, consultation and professional/public education. The community workers are the link to Winnipeg based psychiatric hospital resources and provide referral and follow-up of children/adolescents who require this intensive treatment.

Youth Suicide Information Centre

The Youth Suicide Information Centre (YSIC) was formulated to deal with the problem of youth suicide in Manitoba and officially began operating in September, 1989.

As an educational and resource development program, YSIC does not provide direct therapy services for suicidal youth, however it is available to assist a school or community with a postvention plan to deal with the after effects of suicide.

Psychiatric Consultation

Child and Adolescent Mental Health Services deploys psychiatrists to Winnipeg Child and Family Service agencies, and residential facilities such as the Knowles and Marymound Centres. As part of a multidisciplinary team, these psychiatrists provide assessment, diagnosis and treatment to children and adolescents; consultation and professional education to the team; and program consultation and inservice education to social workers and other professionals in the community. Planning is taking place to transfer these services to the Winnipeg Regional Health Authority.

Policy and Program Development

Child and Adolescent Mental Health Services is also responsible for policy and program development, federal/provincial liaison, specialized training in child and adolescent mental health, standards and interdepartmental issues.

During the last year a pilot has been underway looking at having a consortium of child and adolescent services providers in Winnipeg take responsibility for the specialized training in child and adolescent mental health. The purpose of this pilot is to update the training and to make it more accessible to the rural/northern health authorities.

Child and Adolescent Mental Health Services also continues to be an active partner in the development of the Youth Emergency Crisis Stabilization Services (YECSS), an interdepartmental plan to deal with children and youth who are in crisis. The YECSS combines resources and expertise from Family Services (lead role), Health, Education and Training, Justice and non-governmental organizations to provide an after-hours emergency and crisis service. Evaluation of this resource have shown that it is an effective program and has been well received by those requiring child and adolescent services, especially in Winnipeg.

During the year, Child and Adolescent Mental Health Services was an active participant in a number of committees with representation from Manitoba Health, Family Services, Justice, and Education and Training which have examined various needs and issues pertaining to children's mental health. Current initiatives include the improving of interdepartmental and interagency services for children and adolescents. Child and Adolescent Mental Health Services has also been active in the development of an inpatient eating disorders day treatment program with the Winnipeg Regional Health Authority and other groups who have an interest in eating disorders. It is anticipated that construction of the unit at PsycHealth should begin in 2000.

Primary Health Care

Primary Health Care (PHC) is the first contact that people have with the health care system. It supports and involves individuals, families and communities in order to make the best decisions for their health and is seen as a means to improve population health through its focus on:

- Co-ordination of client access to a continuum of programs and services covering the spectrum from health promotion, disease and injury prevention, treatment of acute and chronic illness, supportive and rehabilitative care throughout the life span.
- Care/service provided by the appropriate provider within an interdisciplinary teams in a collaborative manner
- Partnerships with all the human services sectors to address the determinants of health such as housing education and justice.

Objectives of PHC Branch

The Primary Health Care Branch provides guidance, direction and support to Regional Health Authorities, health providers and communities in assessing the planning, implementation and evaluation of PHC services. The objectives of the Branch are:

- To support the planning, implementation and evaluation of primary health care initiatives.
  - Midwifery
  - Community Nurse Resource Centres
  - Access Centres
  - East Borderland PHC (Sprague)
  - Centre De Sante
  - Aboriginal Health and Wellness Inc.
- To complete the design and implementation of targeted education and communication strategies on PCH for our internal and external clients.
- To support the RHA's in the evaluation and monitoring of primary health care services.

Summary of Activities

- **PHC Handbook (Guidelines)**

  As a key component of the education and communication strategy for PHC, the Branch has produced a Handbook on PHC. The Branch has widely consulted other pertinent Manitoba Health staff and all RHAs for input into the Handbook development. Included within the document is a "generic" evaluation framework which will help to ensure that consistent parameters of PHC are evaluated, thereby facilitating comparisons between various models of PHC. The Handbook will be ready for release early Fall, 2000.

- **Communication Strategy**

  A communications strategic framework has been designed, identifying target audiences for the release of the PHC Handbook. The Branch will work with Information Resources Branch in the development of appropriate communication vehicles, including publication of the document on the Government Intranet.

  A component of the communication strategy includes presentations to Manitoba Health and RHA staff as well as community members. Presentations over this past year included the RHA Council of Vice-Presidents of Programs; SEHA personnel responsible for the East Borderland initiative; Marquette RHA; Hamiota Town Hall Meeting; Centre de santé St. Boniface staff.

- **Contractual Agreement Templates**

  The PHC Branch has worked with Health Labour Relations Branch in the development of two employment contracts for primary care physicians – a salaried agreement and an independent contractor agreement. These templates provide an alternative to fee-for-service remuneration models, and are recommended for use by RHAs in hiring physicians for community health centres. These templates support the scope of practice envisioned for physicians working within a PHC environment, including working as a member of an interdisciplinary team, providing comprehensive primary care services, assurance of continuity of care across the continuum of service and enhanced accessibility for clients, families and other health service providers through extended hours of work, weekends and an on-call provision.

- **Current Collaborative PHC initiatives**

  The PHC Branch supports several demonstration projects and new initiatives in their development, implementation and evaluation. In keeping with the principles of PHC, each project has been planned based on identified needs of the community it services and focuses on providing better access to comprehensive, collaborative and coordinated care.

  Midwifery
  Proclamation of *The Midwifery Act* is expected to be mid June 2000, making midwifery an integral component of the primary health care system and thereby broadening the care options available to women and their families. The PHC Branch has been instrumental in the development of the enabling legislation and regulation. In addition, the Branch has worked with the College of Midwives in the development of the standards by which midwives will be regulated.

  A *"Proposal Guidelines Document for Midwifery Implementation"* was developed and distributed to Regional Health Authorities in June 1999. Four RHAs submitted proposals for midwifery implementation. Burntwood RHA, South Eastman RHA and Winnipeg RHA are ready to begin recruitment of midwives upon proclamation. Manitoba Health will fund 26 full time midwifery positions for 2000-2001. This funding will be made available to RHAs who are ready to proceed with a midwifery program. The PHC Branch continues to support RHAs as they develop local midwifery services.
  The Branch has worked closely with the Midwives Association of Manitoba and RHAs, to reach agreement on a total compensation package and an employment template for midwives. The signing of a memorandum of understanding is anticipated for early June 2000.

  The PHC Branch has been working with Aboriginal leaders and their communities to explore the development of midwifery services in First Nations and Metis communities.

  The Branch is leading the development of an evaluation framework that will identify pertinent evaluation questions, indicators and data sources as well as establish a process by which evaluation of this new service will occur.

Community Nurse Resource Centres (CNRCs)

In 1994, the province of Manitoba announced the establishment of four Community Nurse Resource Centres (CNRC) as three-year demonstration projects. Each centre is staffed by primary care nurses along with an interdisciplinary team of care providers, established to address local community health needs. All four CNRCs are currently in operation, located in St. Vital (Winnipeg RHA), Thompson (Burntwood RHA), Flin Flon and The Pas (NOR-MAN RHA) and in Ethelbert (Parkland RHA).

The CNRCs are at various stages in their development. Both the NOR-MAN and Parkland CNRCs began operation as demonstration projects in November 1999. The St. Vital and Burntwood CNRCs have completed their three-year demonstration phase and an evaluation process which supported the adoption of both centres as core programs within their respective RHAs.

Centre de santé St. Boniface

Funded as a three-year pilot project, this bilingual facility opened its doors in July 1999 to service the primary health care needs of the francophone population of Winnipeg and the English-speaking population of the St. Boniface neighbourhood. Governed by a community board, the Centre includes family physicians and primary care nurses, along with a team of health care providers. An Evaluation Advisory Committee, comprised of representatives of Manitoba Health, the Centre and the community, is being established to oversee the evaluation process.

Aboriginal Health and Wellness Centre

The PHC Branch participated on the Evaluation Advisory Committee for the pilot phase of this project. The report of the external evaluator has been approved by the Committee and has gone forward to the Board to address the recommendations contained in the report.

East Borderland Primary Health Care Centre (Sprague)

This facility has been operational since June 1999 providing PHC services through a full-time primary care nurse and an itinerant family physician one day per week. A second phase of the project will be initiated this fall with an expansion of the building site and integration of community services personnel in the new year. The PHC Branch has provided an orientation session on primary health care principles for RHA staff involved in the initiative and is currently assisting with the development of an evaluation framework.

KinPlace Primary Health Care Centre (Oakbank) & Beausejour PHC Centre

Planned for opening this fall, KinPlace will provide PHC services to the community via an interdisciplinary team of providers, which include primary care physicians. The PHC Branch has provided an orientation presentation to senior staff involved in the planning to assist in the development of this, as well as other PHC initiatives in the region. Construction of the Beausejour facility is proceeding with implementation slated for early in the new year.

Health Access Centres – Winnipeg Regional Health Authority

The development of the concept and scope of Health Access Centres within the WRHA has focused on the River East HAC as a three-phase project. The first phase will support the consolidation of existing community services staff into one location within the catchment area. This is the first step towards better integration of services for that neighbourhood. Future developments will focus on inclusion of primary care physicians and development of health information systems to better address community health needs.

- **Intra and Extra Sectoral Committees and Working Groups**

  PHC staff provide input in planning and development relative to PHC on the following committees and working groups:

Manitoba Association of Community Health
Population Health Promotion Committee
Rehabilitative Services Working Group
CNRC Advisory Committee
Primary Health Care Working Group (ACHHR)
Health Plans Guidelines
Rural Health Advisory Committee
Aboriginal Health Strategy
Expectations & Measures – Health Promotion Working Group

Standards Development

The Standards Development Branch leads Manitoba Health staff in setting expectations and developing measures for RHAs and central agencies, to ensure compliance with government policy, and to promote continuous quality improvement in the health system in Manitoba.

Though the Branch title focuses on 'standards', developmental work in this area has led to the design of a broader *Expectations and Measurement Approach*. This comprehensive approach includes:

- Setting of a range of expectations, from mandatory, provincial standards, to provincial performance indicators and targets which promote continuous improvement within the system;
- Collection and analysis of information to measure performance and progress; and,
- Follow-up to improve or sustain performance.

In 1999/00 the Standards Development Branch:

- Continuously reviewed the strategic plan for development of provincial standards/expectations
- Completed a Division-wide process to identify priorities for development of provincial standards/expectations
- Conducted presentations across the department and RHA Boards and Management describing the proposed approach, process, and priority areas
- Established and initiated working teams in home care, mental health, disaster preparedness, health promotion, and palliative care
- Participated on the Emergency Preparedness Committee – Disaster Preparedness and Special Operations
- Participated on the Health Plan Review Committee
- Co-Chaired the Collaborative Perinatal Project Team
- Participated on the Provincial Nursing Resource Plan Task Force

3(h) Health Programs

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries	5,081.2	90.40	5,523.4	(442.2)	
Other Expenditures	3,748.4		3,303.9	444.5	
- Grants/Transfer Payments	5,242.5		5,474.2	(231.7)	
Total Other Expenditures	8,990.9		8,778.1	212.8	

Health Services Insurance Fund

The Health Services Insurance Fund provides for all program costs related to payments to health authorities for acute and long term care, home care, community and mental health and emergency response and transportation services. The Fund also provides direct payments to providers of insured services, and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and the Pharmacare Program.

Funding to Health Authorities

Payments are made to the Regional Health Authorities (RHAs) for Manitoba hospitals, health centres, personal care homes, regional laundries, mental health facilities, the Ambulance Program, the Northern Patient Transportation Program, CancerCare Manitoba, and the Manitoba Adolescent Treatment Centre.

Acute Care Services

Health services provided to persons in hospital as insured services include:

- Standard ward accommodation and meals (a charge for private or semi-private accommodation may be made directly to a patient);
- Necessary nursing services;
- Laboratory, radiological and other diagnostic procedures;
- Drugs, biologics and related preparations;
- Use of operating room, case room and anaesthetic facilities;
- Routine medical and surgical supplies;
- Radiotherapy, physiotherapy, occupational and speech therapy, where available; and
- Other services approved by Manitoba Health.

As of March 31, 2000, Manitoba had a total of 3,973 acute care set-up beds and 728 other set-up beds (psychiatric extended treatment, palliative, chronic, long-term assessment/rehabilitation and pannelled) to serve a population of 1,142,465.

Fifty-seven percent of the population lives in Winnipeg, which has 2,234 acute care set-up beds and 433 other set-up beds. In addition, there are two hospitals that provide long term care and one adolescent psychiatric facility.

In rural Manitoba, there are 1,739 acute care set-up beds and 295 other set-up beds, plus two federal hospitals and 18 federal nursing stations. In addition, rural Manitoba residents have access to Winnipeg acute care set-up beds.

Long Term Care Services

Personal care services provided to persons in personal care homes consist of:

- Basic nursing care under the supervision of a registered nurse; or
- Personal assistance with activities of daily living; or
- Supervision of activities of daily living together with goods and services that are specified in regulations.

As of March 31, 2000 there were 124 personal care homes in Manitoba with 9,385 licensed beds and 234 non-licensed interim beds to give a total of 9,619 personal care home beds. Thirty-nine of Manitoba's personal care homes are in Winnipeg with a total of 5,592 beds, and 85 personal care homes are in other regions with a total of 4,027 beds

Nineteen of Manitoba's personal care homes (14 in Winnipeg, 2 in Brandon and 3 in rural areas) are privately owned and operated. One hundred and five personal care homes are non-proprietary and are operated by non-profit bodies including religious or charitable groups and service organizations.

All residents of licensed personal care homes are assessed a daily residential charge. A sliding scale of rates based on income is established by Government and the charge is reassessed effective August 1st each year. Effective August 1, 1999 a new rate structure was put into place in which the minimum rate was increased to $25.10 per day and the maximum was increased to $58.60 per day.

The Health Services Insurance Plan also provides funding for the Personal Care Home Drug Program. The Personal Care Home Drug Program provides funding for all pharmaceuticals supplied to the residents of personal care homes. In 1999/00, 46 community pharmacies were funded to provide services to 89 personal care homes. The remaining facilities were served by the hospital pharmacy.

Home Care Services

Manitoba Home Care is a province-wide program, which provides essential in-home support to eligible individuals through a range of assessment and direct care services. Home Care services are provided as an alternative to facility care when care in the home is the most appropriate option, and when Home Care services are required to augment the services available from family, community and other resources. On a short term basis, Home Care services facilitate hospital discharge and also allow individuals receiving palliative care to be cared for in their own homes. On a longer term basis, Home Care services assist individuals to live in their own homes as long as is safely possible as an alternative to facility placement.

Home Care services are delivered through the local offices of the Regional Health Authorities and include a broad range of services based on a multidisciplinary assessment of individual needs. Professional staff assess for eligibility for Home Care, Supportive Housing, Adult Day Care, Respite care and Personal Care Home Placement. They also provide care planning, case management and coordination of service for Home Care clients. Direct services provided by the Regional Health Authorities include nursing, therapy, personal care, and household maintenance services such as meal preparation and laundry. Specialty services such as Intravenous Therapy, Dialysis and Home Oxygen Therapy are also available where there is a sufficient need in the community.

Medical supplies and equipment are available province-wide to eligible Home Care clients to support the client's care plan.

The Support Services to Seniors Program was developed to assist seniors to remain independent in the community. Funding is provided to encourage the development of Support Services initiatives at the community level. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local solutions, and the use of volunteers from existing support services. The Program exemplifies the partnership between government and community to provide services to our senior population.

Adult Day Care is a support service which provides a group program of health maintenance and promotion for clients of the Home Care Program who are frail elderly or chronically disabled who wish to remain living in the community. The program also provides relief and respite for caregivers, who themselves may be frail and at risk.

Adult Day Care programs provide the following:

- Programmed recreation and socialization;
- Coordination and/or provision of transportation;
- Nutritious meals and snacks;
- Availability at least 2 days/week and 4-6 hours/day;
- Use of volunteers in the delivery and enrichment of the program, and
- Assistance with personal care if required.

Community and Mental Health Services

All core mental health services, with the exception of self-help services, and long term care and treatment (i.e. Selkirk Mental Health Centre), are delivered through the 12 Regional Health Authorities. The core mental health services that must be available to residents of all regions include:

- Assessment and Identification Services
- Acute-Care Treatment
- Mobile Crisis Intervention Services
- Crisis Stabilization Units
- Supportive Housing Options
- Psychosocial Rehabilitation
- Self Help and Family Supports
- Intensive Case Management
- Long Term Care and Treatment Capacity
- Prevention, Promotion and Public Education Services

Community alternatives to acute care include Safe House resources located in Winnipeg, Portage la Prairie and Thompson and Crisis Stabilization spaces. Crisis stabilization units are available in Winnipeg, Selkirk, Brandon, and Swan River. A mobile crisis unit is also available in Winnipeg. Self help groups including Anxiety Disorders Association of Manitoba, Manitoba Schizophrenia Society, and Mood Disorders are active in most regions of the province whereas the Canadian Mental Health Association is active in Winnipeg, Eastman Region, Central and NOR-MAN Region.

Mental Health Reform resulted in 25 new acute psychiatric beds being attached to the Brandon General Hospital; 10 beds in Dauphin; and 10 beds in Thompson, which opened on March 12/2000. It is being planned that the 8 beds in The Pas and the 8 beds in Portage la Prairie will be operational in the next fiscal year. This allows most patients to receive mental health services as close to their home as possible.

Emergency Response & Transport Services

Ambulance Program

Ambulance Services became the responsibility of the Regional Health Authorities (RHA) through the introduction of *The Regional Health Authority Act* and the repeal of the relevant sections of *The Municipal Act*. Fees for ambulance services are established by, or approved by the RHA as a condition of contractual service arrangements.

Manitoba Health Emergency Services retains responsibility to ensure appropriate personnel and service licensing standards are maintained, and to assist regions to develop provincially consistent and medically defensible emergency medical response services.

Northern Patient Transportation Program

The day-to-day administration of the Northern Patient Transportation Program is the responsibility of the Regional Health Authorities in the eligible areas.

The Program subsidizes costs for medically necessary transportation initiated in the areas designed as remote-northern Manitoba. Medically necessary travel must begin above the 53rd parallel on the west side of Lake Winnipeg or above the 51st parallel on the east side of that lake. Since 1991, Matheson Island was added for the periods of spring thaw and winter freeze up. The population within this catchment area is approximately 77,000.

The Program provides a subsidy for patient travel, and for the qualifying medical care and assessments identified in the Northern Patient Transportation Program Administrative Manual. Under the elective portion of the program, travel costs for physicians who conduct clinics and treatments in the north are also subsidized. NPTP also provides a transportation subsidy for medical and non-medical escorts based on the identified medical needs of the patient.

4(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Total Salaries					
Other Expenditures					
- Grants/Transfer Payments					
Acute Care Services	970,304.0		880,311.3	89,992.7	1.
Long Term Care Services	311,065.3		300,477.7	10,587.6	2.
Home Care Services	149,213.7		147,220.9	1,992.8	3.
Community & Mental Health Services	100,977.8		97,688.5	3,289.3	4.
Emergency Response & Transport Services	12,921.4		11,581.6	1,339.8	5.
Total Other Expenditures	1,544,482.2		1,437,280.0	107,202.2	
Third Party Recoveries	(3,971.3)		(5,295.6)	1,324.3	6.
Reciprocal Recoveries	(26,142.3)		(29,878.0)	3,735.7	7.

Explanation Number:

1. *The over-expenditure is primarily due to current and prior year deficits and wage settlements.*
2. *This over-expenditure is mainly due to wage settlements, year-end deficits and levels of care adjustments, partly offset by year-end surpluses; year-end adjustments re: prior years' accruals and delayed start-up of capital projects.*
3. *The over expenditure is mainly due to wage settlements and Hallway Medicine partly reduced by current year surplus and Case/Resource Coordinators which is offset in Community and Mental Health Services.*
4. *The over-expenditure is mainly due to wage settlements, funding for Diabetes Education, which is offset in Acute Care Services, Case/Resource Coordinators offset in Home Care Services, partly reduced by current and prior year surpluses.*
5. *This over-expenditure is mainly a result of current and prior year deficits.*
6. *The under-recovery is due to a decrease in average cost per case, volume and adjustments to 1998/99 Manitoba Public Insurance (MPI) recoveries.*
7. *The under-recovery is due primarily to lower patient volumes and rates as well as estimated recovery of funds from Workers Compensation Plan (WCP), MPI and other Provinces.*

Provincial Health Services

Healthy Communities Development

Healthy Communities Development provides funding to assist with the one-time costs of the implementation and bridging of priority alternative health care services and programs. During 1999/00 some examples of active projects included:

- Aboriginal Health and Wellness Centre
- Community Nurse Resource Centres, Thompson, Norman, Parklands
- Regulated Midwifery
- Children's Asthma Education Project
- Tobacco Reduction Enforcement
- Spinal Cord Research
- Pallative Care Initiative
- Comprehensive Stroke Project

For information on Out-of-Province, Third Party Recoveries and Reciprocal Recoveries, see Insured Benefits Services section.

4(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments					
Out of Province	16,762.8		18,658.8	(1,896.0)	1.
Blood Transfusion Services	31,104.1		25,273.9	5,830.2	2.
Federal Hospitals	1,943.6		1,859.7	83.9	
Prosthetic and Orthotic Devices	5,187.0		4,093.1	1,093.9	3.
Healthy Communities Development	5,855.9		10,000.0	(4,144.1)	4.
Nursing Education	5,748.2		5,748.2	0.0	
Other	0.0		82.9	(82.9)	
Total Other Expenditures	66,601.6		65,716.6	885.0	

Explanation Number:

1. *The under-expenditure is primarily the result of lower volumes.*
2. *The over-expenditure in Blood Transfusion Services is due to Manitoba's increased share of the Canadian Blood Services 1999/00 budget.*
3. *The under-expenditure is due to an increase in price and volume for Prosthetic and Orthotic Devices.*
4. *The under expenditure is due to fewer Healthy Communities Development projects than planned and an encumbrance for critical shortages funding for Emergency Medical Therapy.*

Medical Program

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and the various professional associations.

In 1999/00, physicians provided 14.1 million services, 147,300 services were provided by optometrists, 873,600 services by chiropractors and there were 3,300 services for oral surgery. Under the inter-provincial reciprocal agreements, Manitoba physicians received payment amounting to $7.2 million for providing 211,799 services to residents of other provinces and territories.

4(c) Medical

Expenditures by Sub-Appropriation	**Actual 1999/00 $(000's)**	**Estimate 1999/00 FTE**	**Estimate 1999/00 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Other Expenditures					
- Grants/Transfer Payments					
Physician Services	423,704.2		388,789.9	34,914.3	1.
Other Professionals	13,380.9		12,944.6	436.3	
Out of Province Physicians	13,829.6		13,384.6	445.0	
Other	791.4		1,225.2	(433.8)	
Total Other Expenditures	451,706.1		416,344.3	35,361.8	
Third Party Recoveries	(2,198.1)		(2,433.4)	235.3	
Reciprocal Recoveries	(7,171.1)		(6,365.4)	(805.7)	2.

Explanation Number:

1. *The over-expenditure is primarily the result of wage settlements for physicians and volume increases.*
2. *The over-recovery is a result of price and volume higher than estimated.*

Pharmacare Program

The Pharmacare Program funds pharmaceutical benefits, as provided for in The Prescription Drugs Costs Assistance Act and Regulations, in order to protect the residents of Manitoba from financial hardships resulting from expenses for prescription drug expenses.

The Income Based Pharmacare Program mandates an annual application for benefit coverage and provides 100% financial assistance in excess of a pre-set deductible for eligible prescription drugs.

The annual Pharmacare deductible is determined for each family unit on the basis of annual total family income – 2% for those with a total family income up to $15,000.00 per year (minimum $100.00 deductible); 3% for those with a total family income greater than $15,000 per year. Total family income includes the annual income of each spouse, based on line 150 (total income) of The Canada Customs and Revenue Agency (Revenue Canada's) Notice of Assessment , reduced by an adjustment of $3,000.00 for a spouse *and* for *each* dependant child under 18 years of age, where applicable.

4(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments	85,663.9		72,338.4	13,325.5	1.
Total Other Expenditures	85,663.9		72,338.4	13,325.5	

Explanation Number:

1. *The over-expenditure is a result of an increase in the number of families receiving benefits and an increase in the benefits paid per family.*

Capital Grants

This appropriation includes payments associated with the acquisition/construction of physical assets where payments are made directly by the Health Services Insurance Fund. These payments cover such capital costs as principal repayments of approved capital borrowing, equipment purchases, funding of reserves for major repairs, and cash expenditure for capital projects.

6(a) Acute Care

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
Principal Repayments	26,551.0		28,674.4	(2,123.4)	1.
Equipment Purchases and Replacements	16,188.4		16,202.0	(13.6)	
Other	15,574.3		20,201.2	(4,626.9)	2.
Total Other Expenditures	58,313.7		65,077.6	(6,763.9)	
Less Recoverable from Capital Initiatives	(5,000.0)		(5,000.0)	0.0	

Explanation Number:

1. & 2. Principal and actual cash requirements are less than estimated due to timing of capital projects.

6(b) Long Term Care

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
Principal Repayments	5,929.5		6,506.2	(576.7)	
Equipment Purchases and Replacements	1,295.6		1,282.2	13.4	
Other	3,458.2		4,850.5	(1,392.3)	1.
Total Other Expenditures	10,683.3		12,638.9	(1,955.6)	

Explanation Number:

1. Capital projects were completed at a slower pace than estimated.

Amortization of Capital Assets

This appropriation provides for the amortization of capital assets.

7 Amortization of Capital Assets

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures					
- Grants/Transfer Payments	1,274.6		1,326.3	(51.7)	
Total Other Expenditures	1,274.6		1,326.3	(51.7)	

Health Information Network

This appropriation provides for the write-off of the expenditures related to the work contracted to Smart Health for the development of the Health Information Network.

8 Health Information Network

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	26,397.4		0.0	26,397.4	1.
Total Other Expenditures	26,397.4		0.0	26,397.4	

Explanation Number:

1. *Smart Health was written-off in 1999/00*

Capital Investment

In accordance with the implementation of accounting policy changes reporting tangible capital assets in 2000/01, Health's Capital Investment Authority reflects the costs for priority Health Information Technology Capital initiatives.

Expenditures by Sub-Appropriation	Actual 1999/00 $(000's)	Estimate 1999/00 FTE	Estimate 1999/00 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	8,146.3		20,700.0	(12,553.7)	1.
Total Other Expenditures	8,146.3		20,700.0	(12,553.7)	

Explanation Number:

1. *During the 1998/99 year-end, the Department was directed to set up a liability of $11,900.0 in the Audited Financial Statements of Health Information Services of Manitoba (HISM). The $11,900.0 was expensed on the books of GISMO. This $11,900.0 was included in the calculation of the $20,700.0 requested in the Part B Estimates. The year-end was subsequent to the finalization of the Part B Estimates and therefore the Part B Estimates could not be changed. The remaining variance was due to lower interest payments than anticipated.*

Financial Report Summary Information Part 1

Manitoba Health

Reconciliation Statement
April 1, 1999 - March 31, 2000

DETAILS	1999/00 ESTIMATES
1999/00 Main Estimates:	$2,108,938.6
Allocation of Funds From:	
-Wage Settlements	10,000.0
1999/00 Estimate:	**$2,118,938.6**

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2000

Estimate 1999/00		Appropriation	Actual(1) 1999/00	Actual(2) 1998/99	Increase (Decrease)	Expl. No.
$ 27.0	21- 1A	Minister's Salary	$ 26.9	$ 26.1	$ 0.8	
	21-1B	Executive Support				
$ 556.7		-1 Salaries and Employee Benefits	$ 598.7	$ 630.2	$ (31.5)	
$ 159.7		-2 Other Expenditures	$ 161.0	$ 165.0	$ (4.0)	
	21-1C	Finance and Administration				
$ 2,182.3		-1 Salaries and Employee Benefits	$ 1,938.1	$ 1,966.8	$ (28.7)	
$ 1,387.0		-2 Other Expenditures	$ 1,401.5	$ 1,464.9	$ (63.4)	
	21-1D	Human Resources				
$ 973.5		-1 Salaries and Employee Benefits	$ 759.8	$ 933.0	$ (173.2)	
$ 201.8		-2 Other Expenditures	$ 201.3	$ 161.1	$ 40.2	
	21-1E	Corporate Services				
$ 1,785.9		-1 Salaries and Employee Benefits	$ 1,726.4	$ 1,333.5	$ 392.9	1.
$ 486.3		-2 Other Expenditures	$ 405.6	$ 347.9	$ 57.7	
$ 7,760.2		**Total Appropriation 21-1**	**$ 7,219.3**	**$ 7,028.5**	**$ 190.8**	
	21-2A	Insured Benefits Services				
$ 5,999.6		-1 Salaries and Employee Benefits	$ 5,923.2	$ 5,378.1	$ 545.1	2.
$ 3,060.7		-2 Other Expenditures	$ 3,043.6	$ 2,682.1	$ 361.5	
	21-2B	Financial Services				
$ 1,282.0		-1 Salaries and Employee Benefits	$ 1,275.2	$ 1,179.1	$ 96.1	
$ 154.8		-2 Other Expenditures	$ 168.5	$ 114.2	$ 54.3	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2000

Estimate 1999/00		Appropriation	Actual(1) 1999/00	Actual(2) 1998/99	Increase (Decrease)	Expl. No.
	21-2C	Information Systems				
$ 4,452.1		-1 Salaries and Employee Benefits	$ 4,114.5	$ 3,683.2	$ 431.3	
$ 3,615.3		-2 Other Expenditures	$ 5,097.7	$ 3,438.7	$ 1,659.0	3.
$ 33.8		-3 External Agencies	$ 33.8	$ 33.8	$ -	
	21-2D	Capital Planning				
$ 698.6		-1 Salaries and Employee Benefits	$ 620.7	$ 664.3	$ (43.6)	
$ 212.1		-2 Other Expenditures	$ 182.5	$ 181.2	$ 1.3	
	21-2E	Evaluation, Monitoring and Appeals				
$ 486.7		-1 Salaries and Employee Benefits	$ 363.1	$ 337.8	$ 25.3	
$ 370.3		-2 Other Expenditures	$ 295.0	$ 379.1	$ (84.1)	
$ 88.0		-3 External Agencies	$ 73.4	$ 83.9	$ (10.5)	
	21-2F	Health Labour Relations				
$ 1,039.2		-1 Salaries and Employee Benefits	$ 1,004.3	$ 1,110.3	$ (106.0)	
$ 342.9		-2 Other Expenditures	$ 378.2	$ 429.3	$ (51.1)	
$ 301.1		-3 External Agencies	$ 300.6	$ 340.5	$ (39.9)	
	21-2G	Grants for Evaluation and Research				
$ 1,850.0		-1 Manitoba Centre for Health Policy & Evaluation	$ 1,850.0	$ 1,850.0	$ -	
$ 1,752.6		-2 Manitoba Health Research Council	$ 1,752.6	$ 1,752.6	$ -	
$ 25,739.8		**Total Appropriation 21-2**	**$ 26,476.9**	**$ 23,638.2**	**$ 2,838.7**	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2000

Estimate 1999/00		Appropriation	Actual(1) 1999/00	Actual(2) 1998/99	Increase (Decrease)	Expl. No.
	21-3A	Administration				
$ 313.0		-1 Salaries and Employee Benefits	$ 294.8	$ 276.0	$ 18.8	
$ 267.3		-2 Other Expenditures	$ 294.2	$ 267.1	$ 27.1	
	21-3B	Regional Support Services				
$ 1,927.9		-1 Salaries and Employee Benefits	$ 1,674.6	$ 1,504.7	$ 169.9	
$ 645.7		-2 Other Expenditures	$ 541.4	$ 601.7	$ (60.3)	
	21-3C	Chief Provincial Psychiatrist				
$ 165.9		-1 Salaries and Employee Benefits	$ 163.5	$ 146.1	$ 17.4	
$ 43.0		-2 Other Expenditures	$ 71.2	$ 21.0	$ 50.2	
	21-3D	Selkirk Mental Health Centre				
$ 18,425.9		-1 Salaries and Employee Benefits	$ 18,348.3	$ 17,204.8	$ 1,143.5	
$ 3,326.9		-2 Other Expenditures	$ 3,339.1	$ 3,261.0	$ 78.1	
	21-3E	Emergency Health and Ambulance Services				
$ 1,005.2		-1 Salaries and Employee Benefits	$ 960.4	$ 817.2	$ 143.2	
$ 3,694.2		-2 Other Expenditures	$ 3,834.6	$ 3,694.6	$ 140.0	
$ 51.9		-3 External Agencies	$ 9.8	$ 7.3	$ 2.5	
	21-3F-1	Public Health and Epidemiology				
$ 1,793.8		-1 Salaries and Employee Benefits	$ 1,774.4	$ 1,587.7	$ 186.7	
$ 8,781.5		-2 Other Expenditures	$ 7,890.6	$ 7,560.3	$ 330.3	
$ 238.1		-3 External Agencies	$ 176.6	$ 187.8	$ (11.2)	

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2000

Estimate 1999/00		Appropriation	Actual(1) 1999/00	Actual(2) 1998/99	Increase (Decrease)	Expl. No.
	21-3F-2	Cadham Provincial Laboratory Services				
$ 4,080.0		-1 Salaries and Employee Benefits	$ 3,950.4	$ 3,754.9	$ 195.5	
$ 3,325.2		-2 Other Expenditures	$ 3,246.9	$ 3,119.0	$ 127.9	
	21-3G	Medical Officers of Health				
$ 1,250.8		-1 Salaries and Employee Benefits	$ 950.1	$ 883.8	$ 66.3	
$ 51.1		-2 Other Expenditures	$ 144.2	$ 49.6	$ 94.6	
	21-3H	Health Programs				
$ 5,523.4		-1 Salaries and Employee Benefits	$ 5,081.2	$ 4,904.7	$ 176.5	
$ 3,303.9		-2 Other Expenditures	$ 3,748.4	$ 5,691.9	$ (1,943.5)	4.
$ 5,474.2		-3 External Agencies	$ 5,242.5	$ 5,448.5	$ (206.0)	
$ 63,688.9		**Total Appropriation 21-3**	**$ 61,737.2**	**$ 60,989.7**	**$ 747.5**	
	21-4A	Funding to Health Authorities				
$ 880,311.3		Acute Care Services	$ 970,304.0	$ 871,481.1	$ 98,822.9	5.
$ 300,477.7		Long Term Care Services	$ 311,065.3	$ 283,345.2	$ 27,720.1	6.
$ 147,220.9		Home Care Services	$ 149,213.7	$ 136,646.7	$ 12,567.0	7.
$ 97,688.5		Community and Mental Health Services	$ 100,977.8	$ 82,686.8	$ 18,291.0	8.
$ 11,581.6		Emergency Response and Transport Services	$ 12,921.4	$ 10,737.5	$ 2,183.9	9.
$ (5,295.6)		Third Party Recoveries	$ (3,971.3)	$ (4,381.7)	$ 410.4	
$ (29,878.0)		Reciprocal Recoveries	$ (26,142.3)	$ (27,833.5)	$ 1,691.2	10.

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2000

Estimate 1999/00		Appropriation	Actual(1) 1999/00	Actual(2) 1998/99	Increase (Decrease)	Expl. No.
	21-4B	Provincial Health Services				
$ 18,658.8		Out-of-Province	$ 16,762.8	$ 17,719.3	$ (956.5)	
$ 25,273.9		Blood Transfusion Services	$ 31,104.1	$ 37,171.3	$ (6,067.2)	11.
$ 1,859.7		Federal Hospitals	$ 1,943.6	$ 1,559.2	$ 384.4	
$ 4,093.1		Prosthetic and Orthotic Devices	$ 5,187.0	$ 4,516.1	$ 670.9	
$ 10,000.0		Healthy Communites Development	$ 5,855.9	$ 4,541.9	$ 1,314.0	12.
$ 5,748.2		Nursing Education	$ 5,748.2	$ 5,748.2	$ -	
$ 82.9		Other	$ -	$ 70.3	$ (70.3)	
	21-4C	Medical				
$ 388,789.9		Physician Services	$ 423,704.2	$ 380,578.4	$ 43,125.8	13.
$ 12,944.6		Other Professionals	$ 13,380.9	$ 13,034.1	$ 346.8	
$ 13,384.6		Out of Province Physicians	$ 13,829.6	$ 13,438.8	$ 390.8	
$ 1,225.2		Other	$ 791.4	$ 961.5	$ (170.1)	
$ (2,433.4)		Third Party Recoveries	$ (2,198.1)	$ (2,290.8)	$ 92.7	
$ (6,365.4)		Reciprocal Recoveries	$ (7,171.1)	$ (6,487.5)	$ (683.6)	14.
$ 72,338.4	21-4D	Pharmacare	$ 85,663.9	$ 70,830.0	$ 14,833.9	15.
$ 1,947,706.9		**Total Appropriation 21-4**	**$ 2,108,971.0**	**$ 1,894,072.9**	**$ 214,898.1**	
	21-6	Capital Grants				
		-A Acute Care				
$ 28,674.4		-1 Principal Repayments	$ 26,551.0	$ 24,515.8	$ 2,035.2	16.
$ 16,202.0		-2 Equipment Purchases and Replacements	$ 16,188.4	$ 15,712.4	$ 476.0	
$ 20,201.2		-3 Other	$ 15,574.3	$ 16,748.8	$ (1,174.5)	
$ (5,000.0)		Less: Recoverable from Capital Initiatives	$ (5,000.0)	$ (5,000.0)	$ -	
		-B Long Term Care				

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2000

Estimate 1999/00		Appropriation	Actual(1) 1999/00	Actual(2) 1998/99	Increase (Decrease)	Expl. No.
$ 6,506.2		-1 Principal Repayments	$ 5,929.5	$ 5,829.1	$ 100.4	
$ 1,282.2		-2 Equipment Purchases and Replacements	$ 1,295.6	$ 1,193.2	$ 102.4	
$ 4,850.5		-3 Other	$ 3,458.2	$ 2,735.2	$ 723.0	17.
$ 72,716.5		**Total Appropriation 21-6**	**$ 63,997.0**	**$ 61,734.5**	$ 2,262.5	
$ 1,326.3	21-7	Amortization of Capital Assets	$ 1,274.6	$ 90.3	$ 1,184.3	
$ 1,326.3		**Total Appropriation 21-7**	**$ 1,274.6**	**$ 90.3**	$ 1,184.3	
$ -	21-8	Health Information Network	$ 26,397.4	$ -	$ 26,397.4	18.
$ -		**Total Appropriation 21-8**	**$ 26,397.4**	**$ -**	$ 26,397.4	
$ 2,118,938.6		**Total Appropriation 21**	**$ 2,296,073.4**	**$ 2,047,554.1**	**$ 248,519.3**	

Footnote:

(1) Actuals for 1999/00 are based on year-end expenditure analysis report dated August 31, 2000.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2000.

Manitoba Health
Expenditure Summary
Variance Explanation - Actuals March 31, 2000 Vs. March 31, 1999.

1. *The increase is due to vacant positions filled, reclassifications, the elimination of the reduced workweek, and the general salary increase of 2%.*

2. *The increased salary expenditures are due to the filling of positions in 1999/00 that were vacant in 1998/99, reclassifications and retroactive payments in 1999/00, the elimination of the reduced workweek, and the general salary increase of 2%. Casual staff was also hired to process the backlog of the Provincial Drug Programs Income Based Applications.*

3. *The increased expenditure is primarily due to DPIN-ER costs, desktop charges, computer-programming charges related to the physician remuneration negotiations and subsequent retroactive pay adjustments, and furniture and equipment purchases associated with the relocation to 300 Carlton Street.*

4. *The decrease is mainly due to costs related to the closure of the Brandon Mental Health Centre in 1998/99.*

5. *The year over year increase is primarily due to wage settlements, deficits and increases to hospital baseline funding, offset in part by prior year accruals and prior year expenditure for Hepatitis C that did not recur this fiscal year.*

6. *The increase is mainly due to wage settlements, levels of care increases for nursing, increased costs related to opening of new beds, year-end deficits offset by adjustments re: prior year accruals and year-end surpluses recoverable from RHAs.*

7. *The increase is due to wage settlements, supportive housing, volume increase in Home Care service delivery and Hallway Medicine partially offset by current year surplus.*

8. *The increase is due in part to the transfer of Public Health Programs from the City of Winnipeg, wage settlements, funding of Rural clinics offset in Acute Care Services, and annualization of additional Case Coordinators partially offset by current year surplus.*

9. *The increase is mainly due to current and prior year deficit.*

10. *The decrease in recoveries is mainly due to lower volumes and rates.*

11. *The decrease was due to start-up costs for new Blood Transfusion Services and purchase of Red Cross Assets from prior year that did not recur, partially offset by increased current year blood transfusion services costs.*

12. *There were additional and expanded Healthy Communities Development projects in 1999/00.*

13. *The increase is primarily due to volume of services increase (4%) in Bloc of Practice, physician wage settlements, incremental anesthesia costs related to implementation of relative valve guide and increases in In-Hospital and private clinic radiology expenditures.*

14. *The increase in recoveries is a result of the difference in timing of processing of payments and an increase in the cost per visit as well as the number of visits.*

15. *The increase is due to an increase in the number of families receiving benefits and the benefits paid per family for Pharmacare, as well as an increase in the number of families and the benefits paid per family for the Multiple Sclerosis Special Therapies Program.*

16 & 17 *The increase is a result of additional approved capital projects completed in 1999/00.*

18. *Smart Health was written-off in 1999/00.*

Manitoba Health

Revenue Summary by Source

for fiscal year ended March 31, 2000

Actual 1998/99	Actual 1999/00	Increase (Decrease)	Source	Actual 1999/00	Estimate 1999/00	Variance	Expl. No.
			Current Operating Programs				
			1. Government of Canada:				
4,864.0	4,964.7	100.7	a) Employment Assistance Persons with Disabilities	4,964.7	4,811.7	153.0	
582.4	556.3	(26.1)	b) Alcohol, Drug, Treatment and Rehabilitation Program	556.3	694.0	(137.7)	1.
$ 5,446.4	**$ 5,521.0**	$ 74.6	**Sub-Total**	**$ 5,521.0**	**$ 5,505.7**	15.3	
			2. Other Revenue:				
3,379.5	3,235.7	(143.8)	a) Sundry	3,235.7	3,434.2	(198.5)	
$ 8,825.9	**$ 8,756.7**	$ (69.2)	**Total Revenue**	**$ 8,756.7**	**$ 8,939.9**	(183.2)	

Explanatory Notes:

(1) The reduction in current year revenue is mainly due to an overpayment by the Federal Government in the previous year re: St. Norbert Youth Residential Treatment Program and subsequent adjustment in 1999/00.

Manitoba Health

Five Year Expenditure and Staffing Summary by Appropriation ($000)

for years ending March 31, 1996 to March 31, 2000 [1]

Appropriation	1995/96		1996/97		1997/98		1998/99		1999/00	
	FTE	$	FTE	$	FTE	$	FTE	$	FTE	$
21-1 Administration and Finance	121.19	7,844.5	116.00	6,988.5	114.79	6,727.0	114.29	7,028.5	108.29	7,219.3
21-2 Program Support Services	299.71	27,318.3	295.40	23,380.5	305.63	22,602.9	299.13	23,638.2	303.13	26,476.9
21-3 External Programs & Operations	1,083.79	58,089.2	1,027.40	44,795.4	1,002.52	56,622.4	696.32 (4)	60,989.7	698.32	61,737.2
21-4 Health Services Insurance Fund	1,171.10	1,715,702.5	1,123.83	1,729,511.0	1,101.69	1,757,914.7	(4)	1,894,072.9		2,108,971.0
21-6 Capital Grants		73,565.1		213,877.1 (2)		60,532.6		61,734.5		63,997.0
21-7 Amortization of Capital Assets		-		-		-		90.3		1,274.6 (5)
21-8 Health Information Network										26,397.4 (6)
Total Departmental Expenditures	2,675.79	1,882,519.6	2,562.63	2,018,552.5	2,524.63	1,904,399.6	1,109.74	2,047,554.1	1,109.74	2,296,073.4

Explanatory Notes:

(1) Prior year's comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2000

(2) Includes $150,000.0 special provision to pay-down Rural, Urban and Personal Care Home Program demand loans.

(3) Addictions Foundation of Manitoba expenditures are reported in a separate Annual Report

(4) FTEs were transferred to the Regional Health Authorities.

(5) Amortization of Desktop and SAP in 1999/00.

(6) Smart Health was written-off in 1999/00.

Manitoba Health Services Insurance Plan

Five-Year Expenditure Summary

for years ending March 31, 1996 - March 31, 2000 [1]

Program	1995/96 $000	1996/97 $000	1997/98 $000	1998/99 $000	1999/00 $000
Facilities & Health Authorities	1,179,443	1,167,887	1,160,705	1,233,174	1,582,366
Medical [2]	335,162	337,261	360,253	405,535	444,535
Provincial Programs [3]	42,313	48,912	45,510	61,610	66,601
Pharmacare	73,617	55,759	59,459	70,830	85,664
Manitoba Health Board	56	21	31	27	-
Debt Retirement	-	150,000	-	-	-
Total	**1,630,591**	**1,759,840**	**1,625,958**	**1,771,176** [4]	**2,179,166** [5]

Explanatory Notes:

(1) *Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2000.*

(2) *Includes medical fee-for-service, salary, sessional, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.*

(3) *Included in Provincial Programs are Canadian Blood Services, out-of-province facilities, Federal Hospitals and Nursing Stations, Healthy Communities Development, Prosthetic and Orthotic, Faculty of Nursing and Assiniboine Community College.*

(4) *This includes $12,400,000 for the National Hepatitis C extraordinary assistance package and $8,500,000 for the settlement with the Manitoba Medical Association, neither of which are included in the Manitoba Health Services Insurance Plan audited Financial Statements as of March 31, 1999.*

(5) *This includes $6,790,000 for additional Health Authority deficits which were not included in the Manitoba Health Services Insurance Plan audited Financial Statements as of March 31, 2000.*

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1998/99 and 1999/00

	Net Manitoba Health Payments ($)	
Regional Health Authority	**1998/99**	**1999/00**
Brandon Regional Health Authority		
Acute Care Services Care Services - Operating	49,005,753	55,145,631
Acute Care Services Care Services - Capital	3,257,768	3,765,039
Long Term Care Services - Operating	10,527,357	11,942,703
Long Term Care Services - Capital	440,520	514,772
Medical	3,190,937	3,826,101
Emergency Response & Transportation Services	201,912	201,912
Community and Mental Health	5,892,003	12,377,358
Home Care	2,624,500	3,248,956
Total Brandon Regional Health Authority	**75,140,750**	**91,022,472**
Burntwood Regional Health Authority		
Acute Care Services Care Services - Operating	16,284,850	15,544,818
Acute Care Services Care Services - Capital	389,447	1,051,385
Long Term Care Services - Operating	-	-
Long Term Care Services - Capital	-	-
Medical	4,927,545	7,135,601
Emergency Response & Transportation Services	2,157,099	2,008,694
Community and Mental Health	3,545,400	4,421,197
Home Care	802,800	953,539
Total Burntwood Regional Health Authority	**28,107,141**	**31,115,234**
Central Regional Health Authority		
Acute Care Services - Operating	37,685,411	35,334,159
Acute Care Services - Capital	1,933,849	1,760,074
Long Term Care Services - Operating	23,111,784	24,153,092
Long Term Care Services - Capital	1,248,393	1,328,958
Medical	5,270,736	7,234,702
Emergency Response & Transportation Services	658,284	658,296
Community and Mental Health	5,292,723	9,339,590
Home Care	9,031,125	11,234,238
Total Central Regional Health Authority	**84,232,305**	**91,043,109**

Regional Health Authorities and Other Facilities: Net Manitoba Health Payments - 1998/99 and 1999/00

Regional Health Authority	Net Manitoba Health Payments ($)	
	1998/99	1999/00
Churchill Regional Health Authority		
Acute Care Services - Operating	4,226,327	3,546,196
Acute Care Services - Capital	132,535	262,327
Long Term Care Services - Operating	-	-
Long Term Care Services - Capital	-	-
Medical	19,812	308,515
Emergency Response & Transportation Services	552,504	450,350
Community and Mental Health	14,900	808,899
Home Care	13,608	30,397
Total Churchill Regional Health Authority	**4,959,686**	**5,406,684**
Interlake Regional Health Authority		
Acute Care Services - Operating	16,980,096	17,890,479
Acute Care Services - Capital	1,006,126	1,237,613
Long Term Care Services - Operating	10,252,029	11,305,409
Long Term Care Services - Capital	321,566	531,203
Medical	2,233,656	3,356,099
Emergency Response & Transportation Services	511,632	513,075
Community and Mental Health	6,239,400	5,945,743
Home Care	10,528,600	12,331,340
Total Interlake Regional Health Authority	**48,073,105**	**53,110,961**
Marquette Regional Health Authority		
Acute Care Services - Operating	15,465,795	15,624,372
Acute Care Services - Capital	1,123,357	760,520
Long Term Care Services - Operating	11,949,846	12,518,301
Long Term Care Services - Capital	365,256	758,914
Medical	2,521,766	4,182,800
Emergency Response & Transportation Services	330,767	330,768
Community and Mental Health	1,858,990	2,133,604
Home Care	3,302,075	4,151,483
Total Marquette Regional Health Authority	**36,917,852**	**40,460,762**

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1998/99 and 1999/00

	Net Manitoba Health Payments ($)	
Regional Health Authority	**1998/99**	**1999/00**
Norman Regional Health Authority		
Acute Care Services - Operating	15,478,112	16,555,839
Acute Care Services - Capital	3,372,735	493,743
Long Term Care Services - Operating	3,708,120	4,086,515
Long Term Care Services - Capital	115,200	107,109
Medical	2,299,277	3,644,398
Emergency Response & Transportation Services	2,063,544	1,676,490
Community and Mental Health	2,957,100	3,481,305
Home Care	2,131,900	2,490,210
Total Norman Regional Health Authority	**32,125,988**	**32,535,609**
North Eastman Regional Health Authority		
Acute Care Services - Operating	7,486,427	7,372,496
Acute Care Services - Capital	640,614	837,702
Long Term Care Services - Operating	4,949,227	5,311,688
Long Term Care Services - Capital	351,480	378,620
Medical	1,125,268	1,470,990
Emergency Response & Transportation Services	459,288	465,361
Community and Mental Health	1,607,099	2,047,220
Home Care	3,447,900	3,900,341
Total North Eastman Regional Health Authority	**20,067,303**	**21,784,418**
Parkland Regional Health Authority		
Acute Care Services - Operating	27,139,925	29,996,535
Acute Care Services - Capital	1,217,509	1,679,489
Long Term Care Services - Operating	15,855,243	17,192,610
Long Term Care Services - Capital	396,533	545,676
Medical	2,046,360	2,770,797
Emergency Response & Transportation Services	419,256	438,207
Community and Mental Health	5,755,565	6,385,077
Home Care	6,897,600	8,518,966
Total Parkland Regional Health Authority	**59,727,991**	**67,527,357**

Regional Health Authorities and Other Facilities: Net Manitoba Health Payments - 1998/99 and 1999/00

	Net Manitoba Health Payments ($)	
Regional Health Authority	**1998/99**	**1999/00**
South Eastman Regional Health Authority		
Acute Care Services - Operating	11,207,701	12,025,115
Acute Care Services - Capital	824,472	1,029,266
Long Term Care Services - Operating	8,229,522	8,857,759
Long Term Care Services - Capital	775,102	824,244
Medical	2,033,476	2,356,412
Emergency Response & Transportation Services	272,448	272,448
Community and Mental Health	2,487,800	2,784,182
Home Care	4,969,300	5,765,255
Total South Eastman Regional Health Authority	**30,799,821**	**33,914,681**
South Westman Regional Health Authority		
Acute Care Services - Operating	15,036,160	15,233,225
Acute Care Services - Capital	679,974	289,846
Long Term Care Services - Operating	12,265,217	12,846,605
Long Term Care Services - Capital	596,616	644,412
Medical	2,514,515	3,905,099
Emergency Response & Transportation Services	409,272	411,061
Community and Mental Health	2,022,817	1,960,263
Home Care	3,079,500	3,787,958
Total South Westman Regional Health Authority	**36,604,071**	**39,078,469**
Winnipeg Regional Health Authority		
Acute Care Services - Operating	613,405,354	635,287,595
Acute Care Services - Capital	28,075,551	25,499,255
Long Term Care Services - Operating	86,544,374	130,978,523
Long Term Care Services - Capital	4,127,323	7,182,252
Medical	66,831,097	67,974,004
Emergency Response & Transportation Services	1,833,592	2,586,120
Community and Mental Health	29,165,073	49,213,340
Home Care	87,609,704	93,173,113
Total Winnipeg Regional Health Authority	**917,592,068**	**1,011,894,202**

Regional Health Authorities and Other Facilities: Net Manitoba Health Payments - 1998/99 and 1999/00

Regional Health Authority	Net Manitoba Health Payments ($)	
	1998/99	1999/00
Winnipeg		
Beacon Hill Lodges Inc. P.C.H.	4,526,381	4,590,007
Central Park Lodge P.C.H., Edmonton Street	7,236,696	7,455,279
Central Park Lodge P.C.H., Poseidon Bay	5,270,476	5,468,711
Central Park Lodge P.C.H., Brandon	2,177,092	2,297,244
Charleswood Care Centre P.C.H.	3,786,402	4,038,915
Fort Garry Care Centre P.C.H.	1,655,194	1,730,757
Golden Door Geriatric Centre P.C.H.	2,005,284	2,091,819
Heritage Lodge P.C.H.	2,145,644	2,238,583
Hillcrest Place	2,444,549	2,701,592
Kildonan P.C.H.	3,697,383	3,731,577
Maples P.C.H. Limited	5,573,408	5,839,879
Oakview Place P.C.H	5,958,532	6,058,214
Red River Place	2,764,712	2,953,170
River East P.C.H.	3,601,417	3,751,320
St. Adolphe Nursing Centre	1,105,859	1,180,286
St. Norbert P.C.H.	2,281,320	2,383,610
Tudor House	1,904,399	2,091,964
Tuxedo Villa P.C.H.	4,410,609	4,800,204
Vista Park Lodge P.C.H.	2,469,736	2,620,493
Total Winnipeg	**65,015,093**	**68,023,624**
Other		
Assinboine Community College	148,206	648,192
Cadham Provincial Laboratory	19,219	N/A
Canadian Blood Agency	36,716,869	32,011,020
Centre de Sante St. Boniface	N/A	1,342,149
Community Therapy Services Inc.	892,764	59,304
Department of Clinical Health Psychology Un. of MB.	270,840	270,840
Manitoba Cancer Treatment & Research Foundation	18,794,020	27,311,236
Manitoba Cardiac Institute	253,008	N/A
Out-of-Province	17,728,300	16,775,339
Pinaow Wachi	72,111	111,600
St Amant Centre	50,503	148,149
The Winnipeg Plasma Laboratory	540,933	N/A

Regional Health Authorities and Other Facilities:
Net Manitoba Health Payments - 1998/99 and 1999/00

	Net Manitoba Health Payments ($)	
Regional Health Authority	**1998/99**	**1999/00**
Unisys	31,404	N/A
University Medical Group	- **	1,518,408
University of Manitoba-Northern Medical Unit	839,424	839,424
University of Manitoba Nursing Clinic	5,133,326 **	5,100,000
Total Other	**81,490,927**	**86,135,661**

**** Part of Winnipeg in 1998/99.**

Federal Hospitals/Nursing Stations	**1998/99**	**1999/00**
Hodgson-Percy E. Moore, Hospital	684,195	905,895
Norway House, Hospital	657,627	641,521
Berens River, N.S.	11,365	6,050
Bloodvein, N.S.	7,735	7,139
Brochet, N.S.	3,708	10,168
Cross Lake, N.S.	48,718	52,590
Garden Hill, N.S.	-	5,566
God's Lake, N.S.	14,865	11,011
Lac Brochet, N.S.	3,844	10,280
Little Grand Rapids, N.S.	13,740	14,880
Nelson House, N.S.	-	13,144
Oxford House, N.S.	15,125	13,794
Poplar River, N.S.	744	5,704
Pukatawagan, N.S.	19,084	31,832
Red Sucker Lake, N.S.	4,216	8,928
Shamatawa, N.S.	21,564	25,284
South Indian Lake, N.S.	9,920	9,052
Split Lake, N.S.	27,404	34,100
Ste. Theresa, N.S.	26,136	35,816
Wassagamack, N.S.	10,285	10,527
Total Federal Hospitals/Nursing Stations	**1,580,275**	**1,853,281**
All Facilities and Regional Health Authorities	**1,522,434,376** (1)	**1,674,906,524** (1)

Explanatory Notes:

P.C.H. refers to Personal Care Home.

N.S. refers to Nursing Station.

1. *Payments to facilities and Regional Health Authorities include $26,142,342 for 1999/00 and $27,834,000 for 1998/99 which represent the estimated costs of treating insured residents of other provinces and territories of Canada. These costs are recovered by Manitoba Health directly from the participating provinces and territories. The difference between Manitoba Health payments and the expenditures, as noted in the Financial Report Summary Information, represents year-end accruals and sundry adjustments.*

Note: 1998/99 figures have been restated for all RHAs to reflect Community and Mental Health, and Home Care.

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan

Reconciliation Statement
April 1, 1999 - March 31, 2000

DETAILS	1999/00 ESTIMATES
1999/00 Main Estimates:	$2,010,423.4
Allocation of Funds From: Internal Reform, Workforce Adjustment and Salary Increases	10,000.0
1999/00 Estimate:	**$2,020,423.4**

For the year ended March 31, 2000, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund provided a grant in the amount of $2,020,423.4 for planned expenditures. During the year, Supplementary Funding of $155,938.8 was approved, bringing the total grant to $2,176,362.2. Actual expenditures were $2,172,376.0 which resulted in $3,986.2 being transferred back to the Provincial Consolidated Fund.

Office of the Provincial Auditor

500 - 330 Portage Avenue
Winnipeg, Manitoba
CANADA R3C 0C4

AUDITORS' REPORT

To the Legislative Assembly of Manitoba

In accordance with section 7 of The Health Services Insurance Act, we have audited the balance sheet of the Manitoba Health Services Insurance Plan as at March 31, 2000 and the statement of revenue and expenditure, and net assets for the year then ended. These financial statements, which reflect the Plan's health program expenditures for insured services and the funding provided for these programs from the Department of Health appropriations for the Health Services Insurance Fund and Expenditures Related to Capital, have been prepared in accordance with the accounting policies described in note 2. These financial statements are the responsibility of the management of the Department of Health. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the assets, liabilities and net assets of the Manitoba Health Services Insurance Plan as at March 31, 2000 and the revenue and expenditure for the year then ended in accordance with the accounting policies described in note 2.

David Petrie

Winnipeg, Manitoba
June 26, 2000

David Petrie, CA
for the Provincial Auditor

MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2000 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Provincial Auditor's Office review internal controls and report their findings annually to management and to the Minister of Health.

The Provincial Auditor is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

Ron Hikel
Deputy Minister of Health

Dwight Barna
A/Assistant Deputy Minister
Internal Programs & Operations

Winnipeg, Manitoba
June 26,2000

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Manitoba Health Services Insurance Plan

Balance Sheet

As At March 31, 2000

ASSETS

	2000	1999
	(thousands of dollars)	
Cash	$ 16,214	$ 8,252
Funds on deposit with the Province of Manitoba	129,946	83,331
Accounts receivable:		
Province of Manitoba	64	7,862
Other Provinces and Territories	8,738	8,452
Other	5,894	1,061
	$ 14,696	$ 17,375
Prepaid expenses	1,309	1,297
Funds held in trust re debenture trust agreements (Note 3)	59,734	50,805
	$221,899	$161,060

LIABILITIES AND NET ASSETS

	2000	1999
	(thousands of dollars)	
Accounts payable and accrued liabilities:		
Health Authorities and Facilities	$ 94,020	$ 58,511
Medical services claims	32,664	18,632
Pharmacare claims	4,931	2,654
General	11,722	6,194
	$ 143,337	$ 85,991
Provision for long term disability benefits (Note 7)	18,028	23,464
Holdbacks relating to debenture trust agreements (Note 3)	59,734	50,805
Net assets	800	800
	$221,899	$161,060

See accompanying notes to financial statements.

Manitoba Health Services Insurance Plan

Statement of Revenue and Expenditure, and Net Assets

For the Year Ended March 31, 2000

	2000	1999
	(thousands of dollars)	
Revenue:		
Grants from the Province of Manitoba	$2,166,178	$1,743,575
Third party recoveries	6,169	6,673
Miscellaneous	29	28
Total revenue	$2,172,376	$1,750,276
Expenditure:		
Health Authorities and Facilities (Note 2c, 4 and 6)	1,575,576	1,220,774
Medical (Notes 2c, 4 and 5)	444,535	397,035
Provincial programs	66,601	61,610
Pharmacare	85,664	70,830
Manitoba Health Board	--	27
Total expenditure	$2,172,376	$1,750,276
Revenue over expenditure	--	--
Net assets beginning of year	800	800
Net assets end of year	$ 800	$ 800

See accompanying notes to financial statements.

Manitoba Heath Services Insurance Plan

Notes to the Financial Statements

For the Year ending March 31, 2000

Note 1 - Nature of Operations

The Manitoba Health Services Insurance Plan operates under the authority of the Health Services Insurance Act. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

Note 2 - Significant Accounting Policies

a) Basis of Accounting

The financial statements have been prepared on an accrual basis of accounting.

b) Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

c) Interprovincial Reciprocal Recoveries

Under interprovincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Claims for services are subsequently recovered between provincial governments. In order to reflect the cost of insured services to Manitobans, the recoveries attributable to services for non-Manitoba residents are netted against program expenditures.

For the year ended March 31, 2000 the expenditure for Health Authorities and Facilities within the Province, of $1,575,576,000 (1999 - $1,220,774,000) is net of reciprocal recoveries of $26,142,000 (1999 - $27,834,000). The expenditure for Medical program of $444,535,000 (1999 - $397,035,000) is net of reciprocal recoveries of $7,171,000 (1999 - $6,487,000).

d) Vacation Pay - Health Care Facilities

Under current funding arrangements with Health Authorities and Facilities, the Manitoba Health Services Insurance Plan does not fund or record the cost of annual vacation leave earned by employees of health care facilities until the year vacations are taken. The accrued vacation pay liability recorded by health care facilities in their financial statements as at March 31, 2000 is approximately $70,000,000 (1999 - $61,800,000).

Note 3 - Funds Held in Trust re Debenture Trust Agreements

	2000	1999
	(thousands of dollars)	
Government of the Province of Manitoba	$41,824	$32,895
Government of the Province of BC – Bonds	17,910	17,910
	$59,734	$50,805

These funds are used for debt servicing related to the debentures referred to in Note 6, including any required sinking fund payments.

Note 4 – Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expenditure categories of Health Authorities and Facilities and Medical.

The Winnipeg Regional Health Authority commenced operations on December 1, 1999. The Winnipeg Regional Health Authority consists of the former Winnipeg Hospital Authority and the Winnipeg Community and Long Term Care Authority.

Regional Health Authority	2000 Facilities (000's)	2000 Medical (000's)	2000 Total (000's)	1999 Total (000's)
Winnipeg	$947,185	$67,974	$1,015,159	$822,091
Brandon	87,196	3,826	91,022	75,299
North Eastman	20,313	1,471	21,784	20,067
South Eastman	31,558	2,357	33,915	30,795
Interlake	49,755	3,356	53,111	48,073
Central	83,808	7,235	91,043	84,115
Marquette	36,278	4,183	40,461	36,918
South Westman	35,173	3,905	39,078	36,531
Parkland	64,756	2,771	67,527	59,728
Norman	28,741	3,645	32,386	32,126
Burntwood	23,980	7,135	31,115	28,149
Churchill	5,098	309	5,407	4,963
Total payments	$1,413,841	$108,167	$1,522,008	$1,278,855

The 1999/2000 payments to Regional Health Authorities include payments for Homecare ($147,043,194) and Community and Mental Health ($100,948,772). Those payments were included in the consolidated fund for the 1998/99 year.

The expenditure category, Health Authorities and Facilities, in the Statement of Revenue and Expenditure and Net assets is comprised of the following:

	2000 (000's)	1999 (000's)
Health Authorities payments (above)	$1,413,841	$1,178,390
Accruals and facilities and third party payments	187,877	70,218
Reciprocal recoveries	(26,142)	(27,834)
Total expenditures	$1,575,576	$1,220,774

The expenditure category, Medical, in the Statement of Revenue and Expenditure and Net assets is comprised of the following:

	2000 *(000's)*	1999 *(000's)*
Medical payments and accruals	$322,987	$279,020
Health Authorities payments (above)	108,167	100,465
Other (Note 5)	13,381	17,550
Total expenditures	$444,535	$397,035

Note 5 - Medical

Included in medical expenditures are the following other health service expenditures:

	2000	1999
	(thousands of dollars)	
Optometric	$ 3,781	$ 3,316
Chiropractic	9,600	9,545
Prosthetic and Orthotic	---	4,514
	$13,381	$17,375

The Prosthetic and Orthotic Program was moved from the Medical Program to Provincial Programs in 1999/2000.

Note 6 - Capital Financing

Hospitals and personal care homes obtain financing for capital projects by issuing debentures, or arranging for mortgages or long-term bank loans. The Hospital Capital Financing Authority approves the issue of all securities and assists in obtaining an orderly market for the sale of securities to finance these capital expenditures. This indebtedness is not reflected in the financial statements and is not guaranteed by the Manitoba Health Services Insurance Plan. Funds for the payment of principal and interest related to approved capital debt are included in the Plan's expenditures.

At March 31, 2000, the approved outstanding capital debt of hospitals and personal care homes was $500,650,000 (1999 - $449,624,000) net of accumulated sinking funds of $90,533,000 (1999 - $77,201,000). In addition to the approved outstanding capital debt, lines of credit up to $180,704,000 (1999 - $106,135,000) have been established to finance capital projects in process. On completion of these projects, the borrowings will be converted to long-term debt of the facilities.

Funds for the payment of principal and interest related to approved capital debt are included in the Plan's expenditures. For the year ended March 31, 2000, the amount related to principal and interest payments included in the expenditures for Health Authorities and Facilities was $76,551,719 (1999 - $73,428,836).

Note 7 - Provision for Long Term Disability Benefits

Provision for long-term disability benefits represents the Manitoba Health Services Insurance Plan's share of the estimated future benefits payments of the Manitoba Health Organization Inc. Long Term Disability Insurance Plan for employees of health care facilities covered under the plan.

This amount was established actuarially, as at December 31, 1999, by the insurer of the plan. The amount represents Manitoba Health's share of the estimated cost of future payments to participants, who were on the plan as of March 31, 1999, and continue to receive payments at March 31, 2000. This plan was replaced as of April 1, 1999. When recipients no longer require benefits, they are removed from the plan.

Effective April 1, 1999 a new method of funding long term disability benefits was implemented whereby the Regional Health Authorities are funded 1% of total salaries to cover the costs of the plan. All new claimants subsequent to April 1, 1999 are the responsibility of the Regional Health Authorities and the Healthcare Employees Benefits Plan (HEBP). The costs associated with the funding of this plan are included in the expenditure category of Health Authorities and Facilities.

Note 8 - The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the financial statements.

Note 9 - Comparative Figures

Certain of the 1999 financial statement figures have been restated to be consistent with the 2000 presentation.

Note 10 – Year 2000

The Year 2000 Issue arises because many computerized systems use two digits rather than four to identify a year. Date-sensitive systems may recognize the year 2000 as 1900 or some other date resulting in errors when information using year 2000 dates is processed. In addition, similar problems may arise in some systems which use certain dates in 1999 to represent something other than a date. Although the change in date has occurred, it is not possible to conclude that all aspects of the Year 2000 Issue that may affect the company, including those related to customers, suppliers or other third parties, have been fully resolved.

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who has received gross payments of $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each.

Payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *The data provides only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abdulrehman A S	$184,232
Abell W R	$129,959
Adduri V R	$255,756
Adhikari P K	$79,217
Ahluwalia R S	$224,547
Ahsan A	$190,575
Ahweng A	$366,701
Ainley A	$101,844
Albak R E	$182,970
Albi F	$194,479
Albi W	$63,709
Aldor T A M	$82,002
Alevizos I	$79,660
Ali M B	$327,634
Allan D R	$167,604
Allan R R	$269,500
Allegro Ne	$100,419
Allen D R	$82,342
Altman G N	$160,986
Alto L E	$279,081
Alvi A	$298,446
Alvi C W	$128,773
Amarasekera D V	$155,972
Amede Kebede H	$165,432
Amin S M	$232,261
Anastasiades L	$78,153
Anderson A	$96,543
Anderson B	$66,197
Anderson D M	$88,983
Anhalt E	$124,119
Anhalt Hicks C	$236,048
Anozie C B	$160,853
Antonissen L A S	$260,008
Anyadike I O	$246,576
Armstrong B	$252,202
Armstrong J D	$153,938
Arneja A S	$173,999
Arneja J	$287,501
Arnot J B	$214,225
Arnott P C	$180,032
Ashcroft R P	$108,285
Ashique A	$62,621
Ashton M	$73,601
Assuras G N	$209,125
Athaide M	$85,934
Atkinson R	$130,345
Babick T R	$203,114
Badenhorst J	$239,408
Baidwan S K	$82,487
Baizley B E	$54,609
Baker C	$224,942
Balachandra B	$128,612
Balageorge D	$227,329
Balko G	$155,454
Banerjee R (1)	$2,828,723
Barber L	$226,809
Barc J	$122,014
Bard R J	$146,510
Baria K	$246,210
Barker M F	$274,717
Barker S L	$97,588
Barnes P H	$100,313
Barnes W R	$104,607
Baron C M	$185,837
Baron K	$251,789
Bartlett L C	$162,093
Bass M T	$333,748
Basson H J	$60,540
Bay T	$93,284
Beaudette R	$61,600
Bebchuk W	$75,979
Becker A	$116,189

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 114 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 114 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Beckstead J E	$145,632
Bedder P	$190,074
Bedi B	$203,424
Beldavs R A	$650,402
Bell D D	$102,206
Bellan L	$335,072
Bellan S	$76,343
Bence J D	$204,793
Bendor-Samuel R	$192,050
Benning H S	$369,022
Benoit A	$261,333
Bereznay O	$195,268
Bergen J	$176,415
Bergman E	$100,492
Bergner H	$176,778
Bermack B A	$230,423
Bernatsky S	$79,164
Bernier M	$395,249
Bernstein C	$99,269
Bernstein K (3)	$764,798
Berrow P J	$125,141
Bertsch A	$178,228
Beveridge T F	$153,243
Bhattacharya S K	$413,753
Bhayana R K	$165,186
Bhayana R	$159,507
Bhayana V	$195,749
Biala B	$146,941
Biehl D	$174,105
Billinkoff E	$206,874
Bilos R J	$89,066
Bird D R H	$77,387
Birt D	$291,546
Bissonnette A	$171,262
Black D R	$228,711
Black G B	$230,732
Blakley B W	$118,357
Blank A	$133,308
Blight W J	$158,396
Blom C	$90,252
Blouw R H	$190,884
Blyth S	$181,289
Bock G W	$239,055
Boguski G	$50,713
Bohemier Gerald	$57,765
Bohemier Gilbert	$84,157
Bohemier R	$99,254
Bolton D R	$202,286
Book B H	$67,520
Bookatz B J	$163,888
Booth F	$70,573
Booy H	$209,087
Borley J	$96,191
Boroditsky R S	$152,998
Borys A E	$137,958
Bosma P	$86,962
Botha D J	$272,184
Bouch P J	$58,114
Boult I F(2)	$2,064,372
Bourque C N	$213,265
Boustcha E	$65,897
Boyd K L	$105,975
Bracken J	$161,003
Bracken J H	$128,449
Bradley B D	$170,163
Brandes L J	$98,616
Braun E	$204,039
Braun K Y	$135,411
Breckman D K	$179,619
Bretecher G	$295,994
Bright R C	$148,423
Bristow G K	$114,103
Broda R J	$86,455
Broder M H	$53,750
Brodovsky D M	$84,979
Brodovsky S	$95,210
Brooker G	$210,364
Brown Robert	$228,362
Brown Ross	$113,789
Brownell L	$143,549
Brownstone R	$117,271
Bruneau M R	$170,824
Bryski L M	$92,772
Bueddefeld H D	$169,011
Bullen S A	$51,126
Bulloch R B	$115,365
Burke M E	$163,895
Burnet N	$202,919
Burnett C J	$135,064
Burnett M	$280,982
Calderon-Grande H	$160,689
Calhoun L L	$97,405
Cameron A I	$74,429
Cameron M R	$292,786
Campbell B	$84,282
Campbell G	$236,025
Caners D	$269,576
Cannon J E	$230,347
Canvin J M	$61,050
Caplan A H	$223,556
Caplan B	$151,424
Caplan D C	$157,416
Cappellani R	$197,902
Carpenter N	$232,228
Carson J B	$211,446
Cartagena R	$235,506
Carter B	$56,426
Carter R	$244,625
Castle K	$56,367
Caswell B	$67,965
Caulley E	$234,779
Cavallo D	$159,278
Cenkowski B A	$73,877
Chalaturnyk R	$53,997
Chalmers I M	$55,647
Chaloner W	$55,357
Champagne D	$68,350
Chan E L	$102,235
Chan G C	$100,740
Chan J J	$267,361
Chan K A	$326,017
Chan M C	$269,996
Chan P	$97,151
Chan T	$252,794
Chang S W (1)	$1,890,029
Chapman S D	$282,617
Chapnick C	$149,670
Chatel N L	$101,720
Cheam E S	$94,266
Chenier J	$57,372
Chenier P	$76,828
Chernick M	$209,872
Chernish G	$53,218
Cheung L K	$418,513
Cheung P K	$136,327

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 *(Continued)*

Chimilar J D	$60,328
Chin D	$696,633
Chin K	$107,479
Chlysta T S	$193,582
Chochinov H	$84,429
Chochinov P H	$135,985
Chodirker B N	$54,370
Choptiany R B W	$139,247
Choptiany T I	$230,733
Chow C	$295,218
Chung L	$292,488
Claasen I I E	$114,978
Clark F	$244,319
Clark M A	$107,599
Clark S G	$120,301
Clark S M	$75,875
Clarke W E	$124,460
Clayden G	$223,175
Cleghorn S	$351,728
Coates K R	$236,954
Cohen M A	$86,440
Cohen Matthew	$238,441
Cohn A	$64,158
Collison L M	$107,918
Collison S	$61,131
Collister C W	$308,290
Colmer L H	$64,204
Connor D	$282,375
Connor G T	$103,022
Coodin H	$195,834
Coodin S Z	$99,000
Corbett R P	$100,653
Corder D	$206,975
Cordova J L	$86,332
Corne R A	$110,412
Corne S I	$108,027
Corner F D	$185,042
Cotton A M	$55,063
Coueslan G W (2)	$546,373
Cowan D J	$297,645
Coyle S J	$179,282
Craig D	$126,563
Cram D H	$331,406
Crawford D	$144,686
Cristante L	$137,121
Cross H G	$57,401
Cross R	$233,417
Crow F M	$97,559
Crowson A N (1)	$277,218
Cuddy T E	$56,637
Cumming G	$51,313
Cummings M	$182,082
Czaplinski K	$176,693
Czarnecka M	$135,477
Czarnecki W	$247,907
Da Silva L M	$156,808
Dabrowska W	$69,630
Dabrowski Pr	$309,233
Daeninck P J	$71,075
Daien A	$62,202
Dakshinamurti S	$257,590
Dalling G N	$81,731
Dang T H	$196,737
Daniel G	$99,160
Daniels J H	$164,102
Daniels V	$97,590
Danzinger R G	$70,394
Davey M	$256,681
Davey R J	$211,856
David M F	$328,898
Davis M H	$303,202
Davis R A (1)	$90,305
Davloor R	$234,309
De Groot W	$57,204
De Korompay V	$337,479
De Moissac P	$142,051
De Rocquigny A J	$310,003
De Wet R R	$211,476
De Wit S L	$352,442
Dean H	$52,833
Debrouwere R	$283,741
Decter A	$199,572
Decter D	$359,302
Dekker E	$172,040
Del Rizzo D	$326,976
Delaive M	$201,096
Demsas H	$163,171
Deonarine L	$204,297
Deong P J	$203,867
Desmarais G P	$101,277
Desmond G H	$209,992
Deutscher R	$246,965
Dhalla S S	$686,033
Dias E M	$142,652
Dirks H T	$80,337
Dissanayake D	$170,333
Dittberner K	$139,614
Dizon A M	$112,558
Doak G J	$262,479
Doctorow V A	$96,005
Doermer E	$218,321
Doerr J J	$250,942
Dolynchuk K	$195,350
Dominique F	$313,573
Domke H	$197,618
Domke O	$150,151
Domke S	$156,325
Donnelly J P	$109,118
Doroshenko S	$66,285
Doucet P M	$115,016
Dow G	$86,747
Downs A C	$188,391
Doyle J	$236,144
Draper D E	$69,693
Dressler G	$55,684
Drexler J	$215,360
Dreyer F	$174,945
Du Bois E	$127,063
Du J	$145,077
Du Plooy J	$220,312
Du Val L A	$155,315
Dubo H I	$78,739
Dubyna D	$245,055
Ducas J	$406,963
Dueck D	$148,154
Duerksen C	$188,407
Duerksen D	$228,438
Duerksen K	$88,457
Duerksen M T	$158,522
Duff B D	$86,749
Duffy G	$202,354
Duggal K C	$292,299
Duke P C	$167,071
Duncan S J	$215,697
Dupont J O (4)	$673,725

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

(3) *Billings for Dialysis services representing the work of more than one physician. (See page 114 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 114 for list of facilities).*

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Duprat C	$125,833
Duprat D	$50,089
Duval R	$106,643
Dyck D R (2)	$100,114
Dyck G H	$268,592
Eaglesham H (2)	$216,379
Ebbeling-Treon L	$117,813
Edye F	$76,363
Egan M M	$122,377
Eggertson D	$188,682
Ehlers M	$84,788
Ekins M B	$156,585
Eksteen B B	$160,390
El Tair M M	$113,054
Eleff Ml K	$120,642
Elliott T C	$55,519
Elves E	$277,736
Embil J M A	$80,530
Emery C	$102,386
Engel C	$117,417
Engel J S	$302,208
Engelbrecht J	$110,930
Engelbrecht S	$54,099
Enns J P	$320,177
Enns M W	$62,019
Epp C H	$81,623
Erhard P	$216,816
Eschun G M	$62,486
Esmail A	$368,625
Esquivel A	$173,850
Esser C M	$63,881
Ethans T	$106,082
Etkin M	$52,586
Evans D R	$172,972
Evans M J	$55,836
Ewert F J	$255,266
Fair S E	$110,180
Falconer C W	$130,645
Farmer R C	$247,174
Fast M D	$324,333
Feasey D	$75,660
Feierstein M	$99,042
Ferguson D A	$55,624
Ferrari J K	$125,057
Fewer H D	$151,661
Fine A (3)	$1,066,299
Fishman L	$212,859
Fitzgerald M	$172,501
Fitzsimon J	$121,689
Fleisher M	$87,294
Fleisher W P	$71,687
Fletcher C W	$188,597
Foerster J	$58,981
Fogel R B	$125,485
Fong H	$557,077
Fontigny N	$123,359
Fouad W	$92,374
Fox J D	$183,573
Frame H	$111,336
Fraser M B	$155,220
Fraser V H	$183,850
Fraser-Roberts D	$63,739
Frederick D	$63,037
Fredette P	$75,595
Friesen F R	$263,855
Friesen J	$279,967
Friesen J A	$69,197
Friesen K L	$119,877
Friesen R M	$230,922
Froese W	$264,547
Frohlich A	$247,649
Fuchs G R	$270,941
Fumerton W	$588,298
Furuiye H	$120,865
Fuzeta G	$153,740
Gabriel M	$151,431
Galbraith P A (1)	$1,953,566
Galessiere P F	$342,339
Garba S	$253,456
Garber L	$257,384
Garber P J	$99,926
Gard M A	$157,837
Geddes J S	$117,009
Gelley G	$52,032
Gerstner T	$145,151
Gertenstein R	$301,514
Giesbrecht D R	$314,239
Giesbrecht J E	$123,900
Gill E	$125,506
Gillespie B	$628,478
Gillespie J	$151,116
Glew W B	$54,222
Glezerson G	$222,099
Globerman DI	$84,583
Gobeil J J G	$115,364
Goerz P G	$90,984
Goheen M S L	$239,679
Goldberg N	$245,564
Goldenberg D	$294,392
Gomori A J	$150,227
Goodhand T K	$77,692
Goodman A E	$62,220
Goodman R L	$194,910
Gooi T H	$322,175
Gooi T L	$704,865
Goossen M	$262,646
Gordon J	$243,225
Gorski B A	$381,362
Gould L F	$188,872
Govender P	$176,705
Goytan M J	$181,757
Grabowski J	$196,056
Grace K J	$185,317
Graham B	$83,232
Graham C R	$251,620
Graham K	$150,228
Graham M R	$159,439
Graham R	$57,096
Grahame G	$78,457
Grant L	$102,999
Graves D F	$92,517
Gray M G	$205,860
Griffin P	$155,308
Griggs G	$196,381
Grimes R B	$87,894
Grobler W P	$133,858
Groenewald P	$81,112
Grogan J A	$93,425
Groves L	$188,529
Guijon F B	$150,605
Gunson A J	$77,648
Gunston F H	$70,055
Gupta C K	$233,820
Gupta D K	$662,870
Gurvey M B	$50,627

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

(2) *Director of a radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 113 for list of facilities).*

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Gustafson R	$72,959	Herd A	$77,886	Jabs M	$77,577
Guzman R	$325,371	Hershberg D M	$168,899	Jackson J	$54,906
Gwozdecki T	$220,128	Hershfield E	$167,917	Jacob V C	$543,901
Ha F T	$97,604	Heywood M	$235,431	Jacobsohn E	$147,116
Hagerman R N	$321,358	Hiebert T	$65,695	Jacyk W R	$141,857
Hahlweg K	$135,871	Hildahl C	$209,130	Jain M	$297,849
Hai M A	$99,606	Hildahl W	$181,976	James J M	$318,346
Hai M Al	$184,621	Hilderman L	$110,356	Janzen L	$140,486
Haiart D C	$243,071	Hobson D E	$205,399	Janzen M H	$64,314
Haligowski D	$168,793	Hoeppner W T	$151,589	Jason M	$228,858
Hall P F	$121,714	Hoeschen R J	$103,399	Jebamani S	$139,852
Hallatt D	$87,944	Hoff H R	$167,448	Jeffery J R	$73,728
Hameed K A	$199,068	Holder F	$112,543	Jenkinson D	$71,244
Hamilton G A	$283,052	Holmes C	$79,697	Jensen B	$85,845
Hamm R C	$119,217	Holt S C (2)	$187,295	Jensen C W B	$225,986
Hampton C S	$187,725	Homik L	$452,161	Jensen W L	$149,601
Hancock B J	$151,914	Hosegood G	$50,494	Johannesson T	$123,641
Hanks G A	$82,280	Hosking D	$234,100	Johnson A W	$65,233
Hanmiah R	$52,807	Howden W A	$227,488	Johnson D	$267,237
Hanson P L	$116,601	Hoy C S	$62,167	Johnson E	$217,766
Harding G K M	$52,488	Hrabarchuk B	$244,079	Johnson H	$131,728
Hardy B (2)	$195,666	Hudson R J	$186,623	Johnston J B	$108,870
Harley M J	$160,610	Huebert D M	$293,089	Johnston J	$94,409
Harms S	$143,543	Huebert H T	$229,935	Jolly K S	$295,516
Harrington J	$111,293	Hughes P M	$167,371	Joshi D A	$119,343
Harris P	$458,047	Hung P	$60,201	Joshi J N	$144,121
Harsanyi I	$207,697	Hurst L D	$174,469	Joundi M G	$215,474
Hartley D M	$185,383	Husarewycz S	$183,953	Jovel R E	$119,147
Harvey A C	$240,353	Hussain M I	$359,306	Jowett A	$218,408
Hasan M	$69,743	Hutfluss G	$323,994	Kabani A M	$82,597
Haseeb S	$199,676	Ibbitt C J	$147,923	Kadambi D R	$67,797
Hataley J M	$172,053	Ilchyna D C	$136,116	Kaethler W	$154,533
Hawaleshka A	$170,503	Iliffe G D	$213,047	Kahanovitch D	$126,595
Hawkins J	$74,389	Ilnyckyj A	$50,185	Kahlon K	$152,626
Hayakawa J	$170,388	Ilse W K	$152,793	Kaita K D E	$90,580
Haydey R P	$285,933	Ingimundson J C	$141,032	Kalansky G	$171,688
Hayward R J	$288,929	Inglis D	$222,444	Kandasamy G	$149,860
Hechtenthal N	$124,569	Ingram P F	$145,885	Kantor D	$139,299
Hedden D R	$257,370	Intrater H	$236,794	Karasick H D	$72,323
Hedden J R	$124,199	Ip A	$150,648	Karlicki F C	$89,281
Heese H	$100,500	Irving J E	$266,322	Karvelas J P	$157,526
Heidenreich W	$141,598	Isaac C	$146,276	Karvelas L M	$74,792
Helewa M E	$265,613	Isaacs R L	$143,330	Kasbia S S	$154,815
Henderson L	$85,728	Isabey A P	$110,807	Kashour T S	$399,383
Henry S F	$79,437	Israels L G (1)	$5,710,306	Kati A A	$153,492

Explanatory Notes:

(1) *Director of a laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 112 for list of facilities).*

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Katz L	$115,639
Katz P	$123,088
Kaufman R	$119,513
Kaushal R D	$221,972
Kayler D E	$398,065
Kehler T	$105,797
Kelleher B	$156,639
Kellen P	$131,435
Kellen R I	$420,283
Kepron W	$78,105
Kerr L	$75,137
Kerr P D	$197,184
Kettler J J	$123,858
Kettner J	$99,929
Khan A	$113,295
Khan A U	$131,706
Khan A	$65,067
Khan N A	$90,766
Khan N M	$179,045
Khan T A	$204,181
Khandelwal A S	$185,771
Kim S Y	$86,966
Kim S W	$142,629
Kimacovich R	$87,796
Kimelman A L	$79,752
Kindle G	$255,042
Kinnear D	$201,502
Kinsner J M	$97,335
Kippen R N	$232,354
Kish S L	$97,226
Kisil D	$61,164
Kisil K E	$95,414
Kjernisted K	$119,011
Klassen D H	$210,890
Klassen N F	$231,328
Klassen O	$118,077
Kliewer K	$162,012
Klippenstein N	$305,179
Kloppers S	$213,628
Knight L W	$107,941
Kobelka J D	$52,956
Kobrinsky N	$51,722
Koczanski R	$155,317
Koensgen S	$161,510
Koh C	$77,301
Kohanek F L	$94,728
Kolakowski A	$51,295
Kolt A M	$152,719
Komenda B W	$160,672
Komosky J	$106,458
Kong A M C	$205,674
Korol G	$212,884
Kos G P	$62,794
Kotecha Y	$209,977
Koulack J	$370,881
Kousonsavath R	$98,222
Koven S	$147,360
Kowalchuk I J	$245,863
Kowalczuk M	$72,711
Kowalski S	$179,902
Krahn C	$151,718
Krahn H P	$336,180
Krahn J	$247,098
Kraitberg N J	$133,057
Kredentser J	$105,179
Kredentser S	$143,585
Kreml J	$186,803
Krepart G	$120,194
Kristjanson M	$95,338
Kroczak T J	$259,897
Kroeker L R	$290,604
Kroeker M A (2)	$1,446,339
Kroft C D L	$82,366
Krongold I (2)	$1,321,840
Krzyzaniak K	$140,607
Kucheravy M	$98,075
Kucparic P	$162,850
Kuegle P F X	$156,855
Kurtas T K	$64,123
Kwon M	$88,648
Lachance D	$92,780
Lage K L	$107,939
Lagowski M	$203,895
Lam C C	$116,300
Lamb J A	$56,157
Lambrechts H	$155,619
Lander M	$75,769
Lane E S	$150,892
Lang C	$193,381
Langan J T	$238,252
Large G	$136,254
Larue L B	$153,355
Laurencelle R	$51,396
Lautenschlager E	$73,676
Lawrence E T	$221,024
Lawrence P	$150,137
Lazar M H	$203,939
Le Boldus L A	$235,225
Leader E	$75,221
Lebedin W W	$244,403
Ledger I C	$63,846
Ledwich J R	$98,523
Lee F F W	$213,188
Lee G Q	$135,135
Lee H B	$359,109
Lee J	$143,176
Lee K	$188,631
Lee L	$55,895
Lee S	$199,228
Lee V K	$293,282
Lee-Kwen J	$350,115
Leen D A	$252,656
Lefevre G R	$207,300
Lei Benny T C	$208,452
Leicht R	$546,101
Lemoine G G	$219,590
Lemon P W	$252,095
Lerner N	$172,142
Lertzman M	$87,735
Leslie H	$65,175
Letts K	$51,754
Leung S L P	$170,805
Leung W M	$52,993
Levi C	$564,093
Levin B L	$207,603
Levin H	$200,703
Levy B A	$64,338
Levy S B	$96,305
Lezack J D	$252,194
Li W	$68,052
Lieberman D	$209,791
Lim D S T	$94,887
Lim F	$459,280
Lim P	$76,403
Lindenschmidt R	$224,401

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 *(Continued)*

Lindquist L (2)	$529,432
Lindsay D	$182,322
Lindsay G M	$197,371
Lipinski G	$181,512
Lipnowski S	$364,792
Lipschitz J	$326,692
Lipson A H	$114,226
Lloyd R L	$132,709
Loader K	$202,688
Lockman L	$129,529
Lockwood A	$229,863
Lodewyks G A F	$116,791
Loepp C	$118,949
Loewen S R	$103,427
Lofgren S R	$82,421
Logan A C	$369,402
Loge J M	$98,798
Loh C C	$149,895
Loh C H	$54,184
Lohrenz J B	$53,939
Long A L	$460,881
Longstaffe A E	$234,035
Longstaffe S	$105,243
Lorteau G	$52,957
Lotocki R J	$240,876
Louridas G	$320,843
Love H W	$72,002
Loveless W	$195,904
Lowden C S	$170,203
Lowther G H	$104,001
Lu P B	$111,273
Lucash S E	$188,598
Lucman L L (1)	$342,374
Lucman T S	$143,101
Lucy S	$293,615
Ludwig S	$79,168
Luk T L	$140,458
Lukie B J	$202,825
Lysack A M	$268,925
Lyttle D	$139,603
Mabin D	$157,025
MacDonald J K (1)	$72,212
MacDonald N	$136,477
MacDonald P	$241,158
MacDougall B	$58,114
MacDougall G	$104,172
MacEachern N	$228,727
Macek R K W	$110,627
MacFarlane C	$238,341
MacIntosh E	$110,375
Mackalski B	$242,617
MacKay M J	$64,034
MacKenzie G S	$221,052
MacKenzie S	$51,891
MacKlem A K	$237,420
MacLeod B A	$169,864
MacMahon R	$175,868
MacMillan M B	$215,098
Macrodimitris A	$310,205
Maculewicz J	$161,918
Maguire D	$202,026
Maharaj C	$186,872
Maharaj G R	$121,232
Maharaj I G	$176,191
Mahay R K	$318,702
Maia E	$86,664
Maier J C	$174,735
Maier R J	$81,554
Major P (2)	$611,238
Maksymiuk A	$76,959
Malabanan E	$202,945
Malchy B A	$126,880
Mallick B	$69,782
Malmstrom J	$91,272
Manishen W J	$164,237
Manness R C	$147,260
Manswell C B	$208,411
Manusow D	$235,354
Mare A C	$180,654
Mare J P	$199,011
Margolis N	$177,717
Marr H	$147,186
Marsh D W	$152,109
Marsh G	$98,071
Marshall K	$68,574
Martens B C	$71,801
Martens R	$192,255
Martin A G	$100,815
Martin D	$51,660
Marx T	$210,724
Matas M	$111,127
Mathen M K	$458,520
Mathieson A	$211,570
Matsubara T K	$242,452
Matthew T	$318,331
Maxwell I	$259,186
Mayba I I	$203,740
Mayba J I	$257,121
McCammon R J	$183,948
McCarthy D S	$112,089
McCarthy G	$401,926
McCarthy T (1)	$340,381
McConnell M	$207,666
McCullough D W	$109,370
McDowell J D	$210,154
McFadden L R	$142,971
McGowan A	$89,967
McGregor Si	$271,401
McIntyre I L	$126,660
McKiernan B	$281,500
McNeill A M	$173,688
McPhee J	$72,173
McPherson J A	$154,850
McTaggart D L	$82,258
McTavish G	$177,451
Mehta A	$108,154
Mehta P G	$193,274
Menticoglou S	$377,911
Menzies R J	$260,421
Meredith M	$118,390
Mestdagh B E	$66,667
Mestdagh L	$118,929
Mestdagh R	$83,763
Metcalfe C	$176,639
Meyrowitz D	$227,546
Mian M T	$185,773
Micflikier A	$871,718
Mihalcioiu C	$226,715
Millar T	$99,739
Miller A	$317,412
Miller D M	$239,015
Mills B J	$173,678
Milner J F	$406,092
Mina M M F	$171,639
Minenko A G	$135,108

Explanatory Notes:

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Manitoba Health Services Insurance Plan

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Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Minnaar J	$115,338
Mintz S L	$52,864
Minuk E	$167,287
Minuk G	$54,118
Mirzanejad Y	$262,872
Mis A A	$179,914
Miskiewicz L	$76,282
Moddemann D	$71,497
Mohamed C R	$277,265
Mohammed I	$221,971
Moharib N	$71,402
Moller J	$58,327
Momoh J T	$278,527
Moncek J A	$112,306
Mondesir K R	$54,889
Monson R C	$240,403
Monteiro G	$244,190
Montgomery P	$76,538
Moolman A	$234,732
Mooney W R	$156,296
Moore R F	$77,734
Moorhouse J A	$114,162
Moraes F X N	$126,031
Moran De Muller K	$417,230
Morgan T R	$246,502
Morham A	$119,121
Morin G	$56,991
Moroz S P	$58,596
Morris A L	$174,115
Morris G S	$209,414
Morris M	$113,317
Morrow I M (2)	$109,785
Mosher G E	$127,786
Mostert J	$209,530
Mould S M	$176,517
Mowat G	$104,473
Mowchun L	$139,460
Mowchun N	$154,077
Muirhead B	$198,879
Mulhall D	$53,052
Muller D H	$209,267
Muncner P	$104,137
Mundle S	$55,016
Murphy L J	$59,305
Murray E	$102,795
Murray K	$410,832
Muruve G N	$209,144
Mutch W A C	$149,010
Myers W E	$289,436
Mymin D	$119,723
Mysore M	$220,610
Nachtigal H	$69,731
Naidoo S P (1)	$3,337,036
Nair U K	$279,874
Narotam P	$170,045
Narrandes R	$125,260
Narvas R M	$243,784
Narvey E B	$72,562
Nason R W	$190,915
Nehra P	$151,392
Nelko S	$50,349
Nell A M	$183,765
Nemeth P	$225,803
Nepon J	$187,770
Neufeld H	$84,902
Newman F	$214,355
Nguyen K M	$190,070
Nguyen L	$170,871
Nguyen M H	$245,808
Nguyen V L	$191,185
Niemand R	$184,861
Nigam R	$234,374
Nisbett S	$535,469
Noel C	$351,296
Nugent L M	$154,339
Nyhof H	$210,716
Ochonska M	$252,740
Oen K G	$51,724
O'hagan D B	$233,689
O'keeffe K	$103,375
Olivier J	$104,464
Oliviero I	$62,413
Olson R L	$146,555
Olweny C L	$58,055
Olynyk F	$96,874
Omichinski L M	$257,768
Ong B Y	$167,269
Ong G H	$285,616
Onotera R	$216,530
Onyshko D	$174,369
Oosthuizen B	$90,145
Oosthuizen J	$215,919
Opie C H	$52,950
Oppenheim E	$141,851
Ormiston J D	$179,731
Osler F G	$192,529
O'sullivan M	$211,715
Pachal C A	$136,753
Pacin A	$114,620
Pacin O	$153,111
Padeanu D	$144,089
Padua R N	$203,564
Paetkau D	$216,946
Palaschuk G	$77,695
Pan A	$200,216
Panaskevich T	$200,572
Pang E G	$142,501
Paprocki I	$85,559
Paquin R W (2)	$348,430
Parham S M	$212,900
Parker K R	$168,569
Partridge G	$68,100
Pascoe E A	$322,654
Pasterkamp H	$90,413
Patel J	$119,079
Patel L R	$295,332
Patel Praful C	$223,984
Patel Pravin C	$331,839
Patel R C	$294,847
Patel S V	$191,114
Pawlak J	$190,329
Peabody D	$122,089
Pearlman D	$160,251
Pearson F B	$74,287
Pelissier R	$118,016
Penner S B (3)	$751,226
Penrose M	$201,345
Perkins G	$66,980
Perlov J	$122,058
Permack S	$175,963
Perrett M	$97,405
Peters D	$252,950
Peters H O	$134,214
Peters R J	$88,496
Peterson C	$77,079

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Peterson J	$177,507
Petkau A	$133,918
Petrenko P	$190,394
Petrilli L A	$118,340
Petrinack N	$66,177
Pickard K	$111,364
Pickering B	$276,198
Pierce G W (2)	$772,673
Piesas D J	$148,563
Pilat E J	$151,151
Pinder M	$142,752
Pinniger G	$155,044
Pintin-Quezada J	$180,587
Pirzada M A	$75,564
Plueschow M	$86,839
Podaima C	$60,887
Podolsky G R	$131,975
Polimeni C	$64,436
Polimeni J	$124,577
Pollock B	$219,448
Poon W W C	$164,876
Poplak T M	$319,592
Popoff D	$94,508
Pops H	$84,525
Postuma R	$132,781
Potoski J P	$225,878
Povah W B	$51,395
Prakash D	$241,170
Prasad A	$50,613
Prenovault J	$168,292
Pretorius A	$115,371
Pretorius L	$133,662
Price J	$216,775
Pritchard P	$113,249
Prober M A	$158,616
Prodan O	$130,763
Putnins C	$171,457
Puttaert D	$79,953
Quesada R	$229,141
Raabe M A	$114,561
Rabson J L R	$647,452
Racette T	$102,925
Rae P E	$71,676
Rafiq M	$87,602
Rahman M	$151,394
Raizen M	$52,482
Raizman A H	$76,342
Rajani K R	$292,464
Ramgoolam R	$275,044
Ramsay D R	$197,460
Ramsay J A	$87,048
Ramsey D V	$65,056
Ramsey E W	$185,663
Regehr J	$125,011
Rehal R S	$222,489
Reich I M	$90,297
Reid G J	$247,283
Reimer D K	$103,362
Reimer H	$250,290
Reimer M B	$185,721
Reiss Marlene	$54,022
Reiss Michelle	$111,097
Rempel R G	$51,671
Rennie W R J	$110,447
Renouf F	$172,842
Rice P	$111,795
Rich A D	$191,610
Richardson C	$127,507
Riche B	$318,049
Ridley T S	$102,903
Ringaert K	$223,616
Riordan P	$211,944
Ripstein I	$88,237
Ritchie B A	$157,050
Ritchie J	$89,796
Rittenberg D	$140,351
Rivas J H	$89,735
Roberts J R	$177,570
Roberts M	$169,587
Robertson G A	$323,543
Robillard S C	$76,613
Robinson C	$87,820
Robinson J	$331,529
Robinson W	$164,486
Rocha Guillermo	$405,493
Roche Gavin	$146,849
Rogozinska L	$268,722
Rosario R	$121,051
Rosenberg H	$76,608
Rosenthal P	$105,046
Ross F J (1)	$281,125
Ross F K	$71,647
Ross I B	$137,874
Ross J F	$496,556
Rosser B G	$95,330
Rothman W J	$51,394
Rothova A	$173,336
Roy M J	$127,794
Roy M	$137,638
Roy R P	$252,091
Rubinger M	$75,266
Ruddock D L	$204,997
Rumbolt B R	$196,371
Rusen J B	$164,113
Rush D N	$74,172
Rush N O S	$144,578
Rusnak B (2)	$473,706
Russell B F	$163,457
Rust G	$98,075
Rust L	$60,914
Rutherford P	$58,482
Ryckman B A	$199,239
Sachdeva P (1)	$301,268
Sachdeva R	$237,775
Sadri D	$204,122
Sahota S S	$170,093
Salamon E	$273,537
Salem F	$259,045
Samuels E R	$83,292
Sanders R W	$75,517
Sangster R	$91,071
Saunders C G (2)	$1,378,905
Saunders K	$171,656
Savage B	$173,869
Sawka A N	$238,970
Sawyer J A	$191,551
Scatliff J	$216,754
Schachter M	$102,988
Schaeffer D	$112,860
Schaub J C	$122,405
Scheeres J J	$54,084
Schellenberg D	$83,721
Schellenberg W C	$237,579
Schledewitz I L	$82,122
Schmidt B J	$53,838

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Schmidt D	$107,537
Schoeman A M	$187,635
Schroeder A N	$246,023
Schur N K	$169,196
Scott-Herridge G	$73,741
Scurrah J D	$270,646
Seager M J	$491,410
Segstro R J	$226,751
Seguin A	$63,846
Seifer R	$88,780
Seitz A R	$163,528
Sekundiak T D	$300,624
Semelka G	$80,973
Sen R	$224,437
Senderewich E	$51,910
Seshia S S	$123,900
Sethi K	$76,144
Sethi S	$296,683
Sett S	$107,385
Sewell G	$125,855
Sewell S A	$121,838
Shah A	$149,861
Shah B	$207,773
Shah C M	$159,772
Shah J A	$84,700
Shane F	$90,237
Shane M	$225,371
Sharif M N	$317,743
Shariff F K	$126,897
Sharkey J B	$286,076
Sharma S	$103,500
Shatsky M (2)	$407,779
Shay G D P	$85,413
Shelton L	$143,452
Shelton P A	$142,256
Sheps M	$203,741
Sheridan J T	$148,851
Shiffman F H	$272,609
Shnider M	$141,548
Shojania A M	$116,819
Shuckett P	$266,274
Sickert H G	$127,136
Sikhakhane Al	$98,713
Sikora F J	$162,010
Silagy S	$174,458
Silverman H	$217,869
Silverman R	$217,301
Silviu-Dan F	$179,961
Simkin R	$132,709
Simmonds C B	$133,817
Simonson D W	$138,486
Singer M	$100,492
Singer R	$129,630
Singh A	$99,431
Singh G B	$463,453
Singh J	$150,159
Singh M	$186,087
Singh-Rehsia D	$564,540
Sinha M	$399,808
Sinha S N	$370,012
Skakum K K	$70,028
Skakum R	$71,226
Skead L	$263,489
Skelly S G	$204,915
Sloan G	$149,672
Small R	$67,539
Smart J R A	$210,291
Smil E	$163,127
Smit M	$59,387
Smith H W E	$322,697
Smith R G	$191,819
Smith R W	$188,419
Sochocka E K	$259,078
Sokal J E M	$86,350
Sokolowski D	$166,337
Somers P A	$65,233
Sommer H M	$87,619
Soni N R	$86,242
Soni S	$207,371
Sowemimo A	$221,165
Spanihel J J	$77,295
Specht G C	$72,527
Speer Mt	$185,973
Srichandra W	$291,472
St Vincent A	$146,205
Stadnyk L A	$110,331
Stanko L	$259,997
Starzecki B	$148,702
Stearns E	$247,880
Stecher R D	$176,616
Stedman N	$53,904
Steigerwald R	$100,122
Steinberg R	$119,184
Steinberg S	$69,520
Stelzer J	$131,756
Stenhouse J K	$95,188
Stephensen M	$151,335
Stevens L	$233,526
Stewart G	$97,555
Stillwater R B	$149,150
Stimpson R	$59,800
Stitt A	$59,176
Stitt G P	$88,735
Stitt R L	$74,909
Stitz M	$76,230
Storoschuk G	$174,824
Stranc M F	$227,254
Strasfeld M	$292,958
Strydom H	$158,912
Stuart T	$62,355
Sud A K	$365,805
Sullivan M	$90,414
Suss R	$148,218
Susser M	$116,771
Sutherland D	$111,015
Sutherland J	$119,654
Sutter J A	$198,723
Sutton I R	$243,595
Svorkdal N	$208,800
Swain V J	$68,302
Swartz J	$230,326
Sweetland R	$69,582
Swenarchuk G	$75,903
Sylwestrowicz W	$290,587
Symchych M	$91,555
Syslak W B	$211,262
Szajkowski S	$168,122
Tam J W	$68,691
Tan L	$206,420
Tang-Wai R	$209,921
Tanner J	$244,366
Taraska V	$380,025
Taraska Victoria	$282,276
Taylor H	$151,986
Taylor H R	$297,062

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Taylor M J S (1)	$1,052,257	Van Horne W A	$178,013	Werier J	$180,899
Taylor M C	$157,770	Van Jaarsveldt W	$82,257	Werner N H	$52,973
Taylor P D	$77,255	Van Rooyen G	$204,831	White B K	$327,557
Taylor S N	$388,506	Van Rooyen M L	$232,101	White I W C	$284,479
Tenenbein M	$90,536	Van Tonder C	$118,869	White O J	$288,670
Tessier K	$59,048	Van Zyl S A	$223,505	White V P	$80,007
Theodore G M	$194,574	Vandenberg W L	$283,903	Whittaker E	$59,413
Therrien D I	$98,168	Varma A	$287,789	Wiebe H L J	$154,820
Thiessen M N	$132,409	Vasconcelos J A	$218,058	Wiens AV	$196,914
Thiessen R	$62,008	Vattheuer A	$104,356	Wiens J J	$649,459
Thompson R A	$88,087	Vattheuer F	$81,629	Wiens J L	$400,830
Thompson T	$165,366	Vellema D M	$238,184	Wiesenthal B D	$162,657
Thomson G T D	$132,324	Venter H L	$184,682	Wiesenthal Z	$187,929
Thomson I R	$202,021	Verma K	$98,735	Wightman N A	$121,660
Thorlakson D	$76,362	Verma M R	$156,970	Wilken W	$172,938
Thorlakson R H	$73,036	Verrelli M	$76,141	Willemse Pieter	$126,845
Thottingal A P	$84,192	Vianzon C	$160,910	Willemse Pieter	$455,906
Ting D	$139,303	Vickar E L	$193,995	Williams J D	$51,115
Toews H A	$148,790	Vijay R	$130,310	Williams O R	$194,009
Toews K A	$56,470	Violago F	$106,644	Williamson D	$65,613
Tole G D	$85,047	Visch S H R	$94,277	Williot P E	$136,080
Tomchuk E	$223,843	Vivian A	$410,386	Wilson D	$65,696
Tomy H	$98,789	Walker A	$134,951	Wilson G P	$124,603
Tomy P	$238,912	Wallace S E	$137,355	Wilson M (2)	$239,999
Toole J	$252,104	Waller D J	$77,960	Winistok W	$227,640
Trainor J M (1)	$5,330,151	Walli J E	$244,234	Winogrodzka C	$147,731
Tran C P	$169,046	Walterson K	$78,469	Winzoski T	$82,400
Tretiak W D	$96,917	Wand R R	$141,931	Wirch M F	$50,920
Tsai Y S	$148,899	Wang J	$294,991	Wiseman D G	$132,554
Tsang D	$243,534	Warda L J	$62,890	Wiseman N	$290,563
Tsang K F M (1)	$120,262	Warren C P W	$83,802	Woelk C	$121,422
Tse W C	$169,158	Warrian R K	$311,349	Wolfe K B	$97,465
Tsuyuki S H (2)	$128,647	Warrian W G	$75,546	Wollner G P	$144,369
Tulloch H	$61,899	Warrington R	$132,916	Wong H	$233,936
Turabian M	$212,635	Waters W R	$208,102	Wong K T J	$170,284
Turner D R	$340,098	Watson J D	$92,698	Wong S W C	$323,511
Turner R B	$455,562	Watson R K	$53,062	Wong T	$64,507
Ullyot G L E	$142,168	Watson W T A	$105,630	Woo C	$180,372
Ullyot S	$248,511	Watters T	$58,169	Woo V C	$323,823
Unruh H W	$289,321	Watts J	$51,439	Woods A K	$143,068
Vajcner A F	$276,433	Webb S	$91,121	Woolf C I	$158,951
Van Alstyne M	$258,291	Weidman M L	$209,409	Wozney L R	$146,343
Van Ameyde K	$53,860	Weirich M K	$245,675	Wozny A J	$201,690
Van Donkersgoed L	$276,382	Weizman S	$207,729	Yaffe C	$358,467
Van Heerden J	$138,785	Welch G J	$148,564	Yale R	$60,402

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Yamamoto K	$203,058	Young M R	$189,138	Zhanel Z	$62,731
Yamsuan M	$65,762	Young S K	$157,540	Ziesmann M	$606,302
Yaren S	$66,367	Yuen C K	$357,697	Zimmer K W	$151,771
Yeo L I (2)	$219,318	Zacharias G	$192,223	Ziomek A	$64,311
Yeung C	$176,137	Zaki M F	$248,437	Zloty R B	$50,122
Young D	$195,293	Zeiler F	$319,760	Zurbyk R	$95,046
Young J D	$152,086	Zetaruk M	$104,334	Zywina P R	$160,041

Explanatory Notes:

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Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Laboratory Directors and Facilities

Banerjee R	Westbrook Medical Centre
	Assiniboine Clinic Laboratory
Chang S W	Winnipeg Clinic
Crowson A N	Central Medical Laboratory
	Pan Am sports Medicine Clinic
Davis R A	Manitoba Clinic
Galbraith P	Manitoba Clinic
Israels L G	Central Medical Lab
Lucman L	Provencher Medical Diagnostic Laboratory
MacDonald J K	Clement Block Lab - Brandon
McCarthy T	Manitoba Clinic
Naidoo S	Southwood Laboratory
	Unicity Lab Services-McPhillips Street
Ross F J	Park West Medical Centre
Sachdeva P	Hollenberg Associate Medical Group
	Abbott Clinic
	75045 Manitoba Ltd. (Osborne Med)
Taylor M J S	Western Medical Clinic
	The Brandon Clinic
Trainor J M	Medical Arts Building
	Windsor Park Medical Centre
	Lakewood Medical Centre
	Transcona Medical Clinic
Tsang K F M	Norlyn Lab Service

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Radiology Directors and Facilities

Boult Ian F	Winnipeg Radiology Services - Medical Arts Building
	Winnipeg Radiology Services - Charleswood Clinic
	Winnipeg Radiology Services - Southwood Medical Centre
Couselan G W	The Brandon Clinic
	Clement Block Xray
Dyck D R	Bethel Hospital - Radiology Department
	Winkler Clinic
Eaglesham H	Manitoba Xray Clinic - Elmwood Branch
	Manitoba Xray Clinic - Watt Street
	Manitoba Xray Clinic - Fort Garry Branch
	Hollenberg Associate Medical Group
	75045 Manitoba Ltd.
Hardy G	Diagnostic Services Division
	Winnipeg Radiology Services – Medical Arts Building
	Winnipeg Radiology Services – Charleswood Branch
Hardy B	Abbott Clinic
Holt S C	St. Vital Radiology Services
Kroeker M A	Manitoba Xray Clinic - Dr Hildahl
	Manitoba Xray Clinic - Tache Branch
Krongold I	Tache Xray Service - Graham Avenue
	Norlyn Xray Department
	Assiniboine Clinic
	Parkview Xray Clinic - Main Street
	Seven Oaks Medical Centre
Lindquist L	Winnipeg Clinic
	Manitoba Clinic
Major P	Manitoba Clinic
Morrow I	Radiology Consultants – Medical Arts Building
Paquin R W	Transcona Clinic Xray
	Metro Xray Clinic - Graham
Pierce G W	Manitoba Xray Clinic - Westwood Branch
Rusnak B	St. Boniface Clinic
Saunders C G	Diagnostic Services Division
Shatsky M	Westbrook Medical Centre
	Drs Kaprowy, Krongolg, Ng & Shatsky
	Lakewood Medical Centre
	McGregor Medical Centre
Tsuyuki S H	St. Boniface Clinic
Wilson M	Manitoba X-Ray Cinic – Misericordia Hospital
Yeo L	Metro X-ray – Graham Avenue

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2000 ***(Continued)***

Dialysis Directors and Facilities

Bernstein K	Health Sciences Centre
Fine A	St. Boniface General Hospital
Penner S B	Brandon General Hospital
Bernstein K and Fine A	**Local Centres**
	Dauphin General Hospital
	Flin Flon General Hospital
	Morden Hospital
	Pine Falls Hospital
	Portage la Prairie Hospital
	The Pas Health Complex
	Thompson General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants
	Winnipeg Clinic – Nuclear Medicine